point, if, in levering the epiphysis back into place, the popliteal vessels would stand the strain; and in addition to these considerations, the all-important question of preventing any septic contamination of the field of operation had to be borne in mind. Then, too, it was interesting to know if the presence of a nickel-plated screw would be tolerated in so important a part as the knee-joint and lower epiphysis of the femur without giving rise to irritation. Finally, could any movement of the knee-joint be hoped for?

Fortunately all these dangers were avoided: the wound healed kindly and well, the epiphysis resumed its normal rate of growth, and in the right direction; the ligaments became firmly united after a time; movement to the extent of 25° was obtained at the joint; the boy is now able to walk without support of any kind to the limb, and the screw still in situ has given rise to no trouble.

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A SHIP OF THE VELDT.

By Andrew Balfour, M.D., B.Sc. (Edin.), D.P.H. (Camb.), late Civil Medical Officer, South African Field Force.

(Plate V.)

Estcourt, the Bushman River, and No. 7 General Hospital! Of the three, the last alone concerns us.

Imagine a gentle slope leading upwards from a single line of narrow rails, a slope bearing a central strip of long tin buildings, flanked by row on row of great white marques, dotted here and there by bell and Indian tents, seamed by roads lined by white-washed stones set at regular intervals the one from the other. People those marques with sick and wounded men in bed, and convalescents in blue uniforms and red neckerchiefs; scatter scarlet-capped nursing-sisters and doctors in khaki here and there; crowd the tented spaces with orderlies in their shirt-sleeves, coolies in turbans, and Kaffirs in next to nothing; set a Red Cross flag fluttering in two places—and some idea is forthcoming of a General Hospital in Natal.

But a vague notion is thus engendered. It is necessary to work in those wards, to see those sick arrive and leave—leave in divers manners; to smell the vapours of chloroform and of ether in one of those tin buildings; to visit the great stores, the kitchens, the recreation tent, the canvas chapel, and the mortuary; to experience the attentions of myriads of flies, and it may be scorpions and centipedes—ere one can fully appreciate the life, ay, and the death, in such a place.

"Place aux dames," is an injunction which bids us begin our consideration of tented hospital work with that performed by the nursing-sisters. Like all Gaul, the fraternity of nursing-sisters, if one may use an Irishism, is divided into three parts.
There are the Army Sisters proper, from whose ranks the Superintendent and Assistants are supplied; there are the Nurses of the Army Reserve, who form the great bulk of the Sisters; and there are the Colonial Nurses, from Canada, from South Africa, from Australia and New Zealand.

True, there is another class, with whom happily I have had little or nothing to do. These are the famous amateurs who buzzed about the hospitals at Cape Town like flies round a honey-pot, and did nearly as much harm as those winged pests. Decked out in tasteful uniforms, they looked forward to wiping the perspiration from dear Tommy's fevered brow, putting his sheets straight, holding sweet flowers to noses more accustomed to the odours of a camp or a besieged town—and now, forsooth, look backward with anger and wonder at the reception of their valuable services!

All honour, however, to the brave women who have too often sacrificed themselves to aid our sick and wounded soldiers, who have had to do the most disgusting work under the most adverse conditions, under the fierce heat of an African sun, and through the biting cold of nights on the high veldt, who have been overburdened with cases, and yet have struggled on, sans peur et sans reproche.

They are, of course, classed as night- and day-nurses. The latter begin work about 9 A.M., continue on duty till 1 P.M. Then comes lunch, and thereafter another spell of work till 3 P.M. A well-earned rest follows till the next term of duty, lasting from 5 to 8 P.M.

When it is remembered that, in the old days, one nurse might have as many as sixty cases under her charge, many of them acute enterics and dysenterics, requiring unremitting attention, and that her only helpers were male orderlies—some good, some bad, some indifferent—it will be seen that her position was not a sinecure.

The night-sisters have also heavy tasks, from 8 P.M. till 9 A.M., in all kinds of weather; for it is not a case of a single big ward and comfortable corridors, but very often a wading from tent to tent in a sea of mud, lantern in hand and gum-boots very much in evidence.

The nursing-sister runs great risks, but the orderly—be he R.A.M.C., St. John's, or St. Andrew's Ambulance Corps, Militia Medical Staff, Imperial Hospital Corps, or merely regimental—runs even greater. This is in large measure due to his own carelessness and lack of ordinary precautions, but also to the nature of his work and the comparative poorness of his diet. A good orderly is worth his weight in gold; a bad one is about equal to his weight in coffin lids. Still, on the whole, every credit must be given to those men, without whom it would be impossible to carry on hospital administration at all. They have long hours, unpleasant work with little glory attaching to it, and many of their mistakes have been the result of ignorance and thoughtlessness, rather than of neglect or
inattention. Yet it cannot but be startling to find one, out of the kindness of his heart and the emptiness of his head, presenting convalescing typhoids with bags of chocolate or assorted sweets!

The ward-masters and non-commissioned officers who carry out clerical and other duties are, for the most part, able and energetic men, who deserve every praise, and maintain a discipline alike essential and efficient. Much has been said, and much might be written, concerning the doctors. In such a hospital there is usually a colonel in the position of P.M.O. Under him are a couple of majors or captains, the one in charge of the Medical, the other of the Surgical division; there is a secretary and registrar, also of the R.A.M.C.; and then there are anything from eight to fifteen civil surgeons and perhaps lieutenants. In a hospital containing 1000 beds—more, remember, than the Royal Infirmary can boast—there ought to be a staff of about twenty-two. This, however, is the exception rather than the rule.

I am concerned only with the work of the Civil Surgeon, or Subaltern, of the R.A.M.C.

In the morning he has his ward visits to make, and his serious cases to enter. Above all things he has sundry blue diet sheets to fill up, which, to the novice, are a weariness to the flesh, and tend to induce writer’s cramp. He is busy till 1 o’clock, and may be still busier after lunch. As a rule, however, he is free till 5.30 or 6, when he again makes his rounds, and he has to see any special cases at a later hour. In addition, each in rotation has to act as orderly medical officer. This unfortunate being is confined to the precincts of the camp, and begins the day by inspecting meat. His ordinary work has to be done in due course, and is interrupted by milk-tasting, even as the Eastern slave drinks of the wine cup ere it passes to his lord and master. He inspects the dinners, the general sanitary arrangements, the distribution of beer and rum, his labours being lightened perhaps by the fact that these beverages may also be tasted. He must be present when patients arrive, and inspect them ere they go, be they alive or dead, and finally he has to see the night orderlies posted, and is liable to be called upon in any emergency. But little grass can grow beneath the feet of a conscientious O.M.O. Of course many other duties fall to the doctor’s lot. He has to be in his wards to receive new cases; he has to circumnavigate the lines at meal times with a cry of “Any complaints?” as monotonous as that of the muezzin calling the children of the Faithful to prayer; he may have to operate, give anaesthetics, and attend to what are known as the morning sick—coollies with vague pains and Kaffirs with the toothache.

Such, with the chaplain, and the quartermaster, who is not a medical man, but is the hardest-worked mortal in the hospital, comprise the crew of this canvas-rigged ship of the veldt, which, as will be shown, may have to withstand gales as fierce as any that lash old ocean into fury.
Let us for a moment consider part of a day's work on this great ship. A shrill whistle echoes and re-echoes amongst the hills to the northward; clear and loud a bugle sounds the assembly. The orderlies promptly fall in, and with those excellent vehicles known as the MacCormack-Brook wheeled stretchers proceed to the little railway siding (Plate V., Fig. 1). Soon a train marked with the Red Cross draws up alongside, and from it emerges a mass of sick and, it may be, shattered and dying humanity.

Here are men who a few days previously have been stout and sturdy soldiers, and who now lie motionless; their tongues like boot-tags, their lips like crinkled leather, the filthy flies battering on the corners of their half-closed eyes, their lips moving in muttering delirium, their coarse khaki stinking—their whole bodies drugged with the poison of enteric. Here is a wretched dysenteric—pallid, wasted to a shadow, a mere bag of skin and bones, tortured by the least movement, possessed of a consuming thirst, exhausted by the jolting of the railway carriage despite every appliance of science. There is a man with his perforated head swathed in bandages; another cheery and on his own legs, with a shattered arm in a blue sling; and with each one comes his rifle and bayonet and belt, which too often he has used for the last time.

But for most there is comfort in store. Soon they are between clean sheets, drinking warm milk or bovril—the feeble with hot bottles about them, the strongest glad to rest. Yet often, very often, as night falls, a quiet shrouded figure will be carried from one of those marquees to a lonely little tent, there to await the mule cart and the Union Jack, and the last words, "Ashes to ashes."

A truce to such gloomy thoughts, and let us turn to the day when the hospital had to withstand the fiercest "dust-devil" known in Natal for fifty years—a hurricane accompanied by driving clouds of dust and sand and small pebbles, a rush of the storm-fiend from the north and east which well-nigh laid the place in ruins.

It came with the coming of night, but it was not till the following morning that its full fury smote the great marquees. One could scarcely stagger along against the gale, which it was painful to face, while on every side there scudded past papers, tin cans, hats, helmets, and all sorts of hospital equipments. Now a bath trundling on its side would emerge from the brown haze, and vanish; anon a sheet of corrugated iron would drive clangning across the veldt. The roar of the wind mingled with the frantic flappings of many tents, and the loudest voice sounded like a whisper. Eight-and-twenty marquees and nearly fifty bell tents bit the dust, and it was arduous and difficult work rescuing the patients from their canvas graves (Plate V., Fig. 2).

The loss was great, the exhaustion was great; but the storm did good, by permitting the substitution of the finest of all hospital
tents for the unstable marquee—I refer to the European Private, Indian Pattern.

The much vaunted tortoise tent, but recently praised in the *British Medical Journal*, many look upon as distinctly inferior to the E.P.I.P. It is excellent in fine weather, as the sides loop up, and the patients like it, in consequence; but when one has seen rheumatic and dysenteric cases out of bed, assisting the orderlies in a desperate effort to prevent their canvas home collapsing, the while streams of water course about their feet, and rain trickles down on them from above, things wear a different aspect. Such was the state of the well-pitched Langman Hospital tents on one or more than one occasion at Pretoria, after it had been incorporated with No. 7.

So greatly did Colonel MacNeece object to them, that he did not rest till he had them wholly replaced.

We have referred to this great ship, which, by the way, is kept as spotlessly clean as a man-of-war; we have considered her crew and the watches kept. It is now the turn of her cargo, a cargo which is ever shifting, and has various destinations.

Let me say at once that a sick Tommy makes the best patient a doctor could desire. For one thing, he is used to discipline, and does as he is told; for another, he is, above all things, a philosopher.

It is wonderful how calmly he will face an operation, if he trusts his surgeon; and his gratitude is often touching, and expressed in letters ungrammatical perhaps, but eloquent in their rudeness.

How he likes a little chaff, and if he is Scotch, his delight at a word or two of the Doric is superb. He takes everything quietly, even death itself, and at times is most amusing. Naturally, there are exceptions. You meet the dour, sulky man; the neurotic mortal, though he is very rare; and every now and then the skrimshanker or malingerer. The last-named is sometimes clumsy, sometimes a very artful dodger. Here is a good story anent one of those gentry.

A poor soldier, at a certain hospital in Natal, suffered most severely from prolonged and distressing pains, chronic lumbago, stiffness of the joints, soreness of the muscles. Poor fellow! he was clearly quite unfit for further duty, and was sent down to Durban *en route* for England. There he penned a letter to a kindred soul in the hospital.

"*Dear Bill (it ran),—Rheumatism's the game. You jist try it on. It's worked the bloomin' oracle with me.*"

And so it had, though not in the way he supposed. He had forgotten the Censor! That much-maligned man, however, did not forget him; and at Cape Town our poor rheumatic had perforce to disembark, and for all I know is still serving his country, unless indeed he has managed to work the "bloomin' oracle" a second time and in a more efficient manner.
The great difficulty is to satisfy a hungry enteric. Convalescent typhoids have no morals as regards diet, and a convalescent typhoid Tommy has less than none. He craves for solid food, and it is hard to make him understand the reasons for its being withheld, especially if there are other cases in the same ward with him who are living on the fat of the land.

It is not too much to say that his horizon is bounded by minced chicken, and he counts the days till he can get his jaws to work again. If nearly well and treated by the Sisters to a spread of tea and cakes and buns, it is absolutely amazing to observe his gastronomic capacities.

A man in one of my wards, I am proud to say, secured the record on such an occasion with twenty-six cups of tea, and somewhere about eighteen buns and cakes combined. I lay awake all night expecting to be called to see him in extremis, but he was not a whit the worse and actually ate his rations with a hearty appetite the next day. He reminded me of the little boy who, while performing a similar feat at a ragged-school feast, triumphantly announced, “I’m no’ eatin’ for hunger now, I’m just eatin’ for fair greed.”

“All work and no play makes Jack a dull boy.” This is a platitude, and is specially true of hospital life. Amusements, however, were not lacking in Natal.

Riding, football, cricket, hockey, quoits, and golf, all served to while away leisure time. The golf was, to say the least, peculiar, with anthills and dongas as hazards, and special privileges as to altering the surface of the veldt before addressing the ball. At Pretoria the principal difficulties were dead trek oxen, which necessitated wielding the club with one hand while the other tightly grasped the player’s nose. It will be apparent that the course was essentially a sporting one. In Natal, “kraaling” and bargaining with Kaffirs constituted welcome diversions, while chaffing a raw recruit at mess was at times a source of merriment. One newcomer, a youthful Civil Surgeon, was gravely informed that in the Bushman River there existed two strange and savage animals—to wit, the crocidator, this being the progeny of the male crocodile and the female alligator; and the allodly, the loving child of the male alligator and the female crocodile. Long he wandered on the banks seeking those wonders, but needless to say his zoological zeal remained unsatisfied.

In such a ship’s company curious members are certain to be present, and of these prominence must be given to the Ghoul, an energetic orderly who had charge of the chapel and the mortuary tents. The doings of the Ghoul would fill many books, and during an illness which separated me from most of my fellow-men I became well acquainted with his peculiarities.

It was his habit to scribble texts or even small verses of his own composition on the plain deal coffins, till the Roman Catholic
priest discovered some of his flock being buried with heretical inscriptions upon the coffin lids, and, complaining, had the practice stopped.

At times he hit the mark. I recall a tragic case, that of a young soldier who, early in an attack of enteric fever, had in all probability died as the result of perforation, brought on by the jolting of the train. This the Ghoul was quite incapable of understanding, and yet in the text he chose these words occurred, "Thou tookest away my strength on my journey."

Treading delicately, like Agag, he would enter my isolated tent, situated close to that which served as a mortuary, and he would be accompanied by his familiars—flies with green bodies and brilliant orange-red heads, which used to make me wonder if I were delirious.

With an expansive smile, the Ghoul would seat himself by me, and with a jerk of his thumb announce—

"Fine cold weather for corpuses, sir; I've got two in there"; or, it might be, "Three of them to-day, sir, and one's that 'ere Boer what's so big I can't get him jammed in." Cheerful, was it not, for a sick man? Again he would remark eagerly—

"Just you listen to this, sir; hain't this 'ere a lovely text for 'im?" and he would proceed to mangle a psalm. Finally he would lay a clammy hand on my head, a hand which I had last seen performing some curious offices, and with a smile, intended to be cheerful, would retire, while my temper and temperature, both of which had steadily been rising, would return slowly to the normal.

I am certain he had a fine text for me, but, being happily baulked in that direction, he took to reading me his good wife's letters, which, as they chiefly referred to the multiplication of little ghouls, I regret I am unable to reproduce in extenso.

Passing from the partly allegorical to the strictly practical, let us look at a few of the more interesting cases which came under notice in the General Hospital and elsewhere. For the notes on the two following I am indebted to Major J. F. Burke of the R.A.M.C., while the post-mortem examinations were performed by Dr. W. Watkins-Pitchford.

Case 1.—A case of multiple intussusception occurring after enteric fever.—Pte. E. T., aged 29, admitted April 5, from a field hospital, with no urgent symptoms, and a statement that he was convalescent from enteric fever. He was on solid food, and had been allowed to walk about. He continued to progress favourably till May 24, when he complained of diarrhoea and severe griping pain. He was consequently kept in bed; but the diarrhoea, despite treatment, became severe, and on the following day vomiting and sudden collapse ensued. His temperature fell below normal, his pulse became feeble, and his extremities cold. There were no objective signs of perforation.

A brief account of the progress of the case follows, though the line
of treatment is not stated. May 26.—Still collapsed; diarrhoea less. May 27.—Blood in motions and vomit; emesis severe. May 28.—Vomiting and haemorrhage less; pulse feeble. May 29.—No vomiting. He passed about 2 oz. of blood per rectum. No distension. There was acute pain over the caecum and the sigmoid flexure. He was very restless, and his tongue though furred was moist. A consultation was held as to the advisability of operating, but it was decided to refrain. May 30.—Patient had a very bad night, his bowels being very loose and the motions streaked with blood. At 9 A.M. he was very collapsed, with a pulse scarcely perceptible at the wrist, and with sighing respirations. He was accordingly transfused with normal saline solution. Slight improvement resulted, but it was not maintained, and death occurred at 3 P.M.

Post-mortem.—On opening the abdomen, nine intussusceptions were found, several being double. They ranged from a point about 30 in. below the pylorus to about 4 ft. from the upper end of the ileum, the remainder of the small intestine being free. These intussusceptions were about 3 ft. 5 in. apart, and were easily reduced by traction, there being no lymph exudation around them. They were about 2 ft. 4 in. in length. On opening the bowel the lumen was seen to be narrowed in places. About 2 in. from the iléo-caecal valve several healed ulcers were found. The mucous membrane of the lower 18 in. of the ileum was intensely injected; above this the injection was not so uniform, but occurred in patches, and these patches higher up were limited to the summits of the valvulae conniventes. Several healed ulcers were found further up the bowel. Portions of healthy gut alternated with patches of extreme congestion. About 5 ft. from the valve there was again marked uniform extreme congestion for a distance of 6 in., followed by normal tracts of gut; this was repeated throughout the rest of the small gut. The upper congested patches corresponded to intussusceptions. The rectum and descending colon showed signs of old colitis, the mucous membrane being roughened and spotted like the posterior portion of the normal tongue. It is probable most of these gut inversions were merely ante-mortem, but I do not know whether there was any pathological evidence to show that such was the case.

Case 2.—Case of enteric fever with haemorrhage, tapeworm, ulceration of Meckel's diverticulum, acute dilatation of the stomach, intussusception, and foreign body in the appendix.—Pte. J. S., at. 22, was admitted on June 15, from a field hospital, with a history of having been treated for enteric fever for a period of seven days. On admission, patient was in an acute typhoid condition, dull with flushed face, dry lips covered with crusts, and a dry tongue coated with a thick brown fur. There was considerable emaciation, the abdomen was concave and flaccid, and presented a fairly profuse and typical rash. The spleen was much enlarged. Nothing special is recorded regarding his condition till June 20, when there is a note to the effect that his temperature the previous evening had been 104°4 F., and that he now complained of pain down the left side of the chest. Otherwise his condition remained much the same, strength being fairly maintained.

June 21.—But little change. Some tenderness in the caecal region, and below the left costal margin in the nipple line. June 23.—Patient
had a severe hæmorrhage during the night, and at the same time passed a large tapeworm, the head being present. His morning pulse was 136 and his tongue extremely dry. At 11 a.m. he had another hæmorrhage, but not as large as the former. There was no marked pallor, and his pulse, though very rapid, was of fair tension. Pain was complained of in the left hypogastric region, but there was neither meteorism nor loss of flaccidity. 6 p.m.—Vomiting came on about 3 p.m. There is no note as to the character of the vomited material, but a curiously shaped distension, limited to the left of the middle line in the left hypogastric region, is described. There was marked tenderness and loss of flaccidity over this area. Pulse was quick, thready, and fluttering, subsultus marked and general; there was great tremulousness, and conjunctivæ were injected. The patient died at 3.30 a.m. on June 24.

Post-mortem.—On opening the abdomen, the stomach was found to be dilated and shaped like the letter j. There were numerous small petechiae on the parietal peritoneum, especially over the gastric region. The pyloric orifice was distended, and the first part of the duodenum much dilated. The lowest portion of the stomach, which corresponded to a point about the junction of the left four-fifths, with the right one-fifth of the greater curvature, was 1 1/2 in. below the level of the umbilicus. The peritoneal cavity was normal, but upon tracing the duodenum its second and third parts were found to be greatly distended. There were several small liver-coloured glands in the upper part of the great omentum, while the spleen was slightly enlarged, and presented at its upper end white fibrous nodules, apparently of the nature of old infarcts. The lymphatic glands of the mesentery were numerous, and enlarged to the size of filberts, and those in relation to the cæcum and the lower part of the ascending colon were also markedly larger than normal. The stomach measured 19 1/2 in. along its greater curvature, and contained about 1 pint of what looked like altered bile. The posterior portion of the mucous membrane was deeply injected. The mucous membrane of the duodenum, for 2 or 3 in. from the pylorus, was marked by numerous injected points, while that of the whole of the stomach and the duodenum was devoid of rugæ. The pancreas was normal. Both duodenum and jejunum contained a large quantity of green bile. An intussusception was found about 10 ft. distant from the duodenum, and another 5 ft. further on, about 6 in. of the gut being invaginated. Two ft. below the ileo-cæcal valve a well-marked Meckel’s diverticulum, about 2 in. in length and very capacious, was present. Its mucous membrane presented several deeply excavated enteric ulcers, with no signs of repair. From the diverticulum to the cæcum, ulcers increased both in size and number. From one of these large ragged ulcers the hæmorrhage had taken place, the bowel being filled with altered blood. One of the lips of the ileo-cæcal valve was also eroded by an ulcer, but no ulcers were found in the cæcum. The lumen of the appendix vermiformis was very patent, and its mucous membrane injected. At the distal extremity a large pear-shaped piece of solder was found lying in a clear fluid. The colon and rectum were normal, and no teniae were discovered in any part of the intestinal canal. The liver was enlarged and fatty, and an infarct occupied the tip of its left lobe. The heart and kidneys were examined and found to be normal.
In addition to the above, I may make brief mention of a case of acute nephritis which came under my care at Pretoria.

Case 3.—The patient was a stout plethoric man, a regimental cook, and had been alcoholic in his habits. On admission he was passing about 30 oz. of smoky, albumin-laden urine in the twenty-four hours, and presented slight anasarca of both legs, dropsy in the flanks, and considerable pulmonary congestion, both bases being affected. He had no cardiac disease. For a couple of days he continued very well, being kept strictly to a milk diet, and his symptoms lessening; but early on the morning of the third day I was called to see him, and found him in a violent uræmic convulsion, his eyes upturned, his face livid and twitching, and his teeth tightly compressed. There had been nothing to lead one to expect so grave a complication. A wet pack was at once ordered, and pilocarpine administered, but without avail, the fits only abating slightly, to again come on with renewed violence.

Eventually, having regard to the man's habit, and noting the turgidity of his superficial vessels, I resolved to venesect, and removed 12 oz. of dark venous blood from his left median cephalic vein. The effect was sudden and remarkable. Before the operation was completed the convulsions had ceased, and the patient was semi-conscious. He made a good recovery; and I may further note that in this case I found gallic acid of value in diminishing the quantity of albumin passed, which was excessively large, and did not yield to dietetic treatment.

As regards the routine treatment of enteric fever I believe the war has taught us little.

Contrary to the experience of most of my fellow-workers, I can confidently state that the use of Burney Yeo's chlorine mixture gave excellent results, and that, quite apart from its merely keeping the atmosphere of the hospital tents fresh and sweet by removing the offensiveness of the stools, it cleaned the tongues and promoted convalescence, nor had I any case treated with it from the first week of the fever which developed complications. This may, in large measure, have been due to the strict milk diet enforced, and the care taken to prevent or remedy curdling; but I fancy that if the remedy had been pushed to its full extent, and I rarely found it disagree, its beneficial effect would have been more apparent to those who regarded it as useless. The value of saline injections in cases of severe hemorrhage was again and again apparent. Two pints of normal saline was the quantity employed, and on several occasions it certainly appeared to rescue the patient from imminent death. I should think that in the algid stage of severe dysentery it would prove useful, though I have no practical experience in this direction.

One has seen several instances of the very slight protection afforded by one attack. A Civil Surgeon suffered from an extremely severe bout of enteric, being at death's door by reason of repeated hemorrhages. He eventually, thanks to saline in-
jections, made a good recovery, returned to England, was again sent out to South Africa, and within a few months of his first illness suffered from a second grave attack of undoubted typhoid fever.

In South African dysentery it would seem that, in the early stages, the saline treatment is by far the best, and Dr. Purves Stewart of the Imperial Yeomanry Field Hospital informed me at Pretoria, that, in acute cases, he usually gave 1 drm. sulphate of magnesia for four successive hours in the morning, and repeated the same doses in the evening, combining the first dose on each occasion with 10 grs. sulphate of quinine. He had excellent results from this procedure.

In ordinary catarrhal cases a mixture containing in each dose—izal, 3 minims; chlorodyne, 6 minims to 8 minims; and bismuth subnitrate, 10 grs., and given every two, three, or four hours, according to the severity of the case, was found in No. 7 to answer very well. The izal treatment alone was begun by Dr. Crosland, but the above combination, introduced by Dr. Watkins-Pitchford, proved more useful. I am inclined to attribute the good effects to the chlorodyne and bismuth, but in severe cases I found it worse than useless, as valuable time was lost in giving it a trial. It rarely, however, failed in some measure to relieve pain and tenesmus.

In cases somewhat advanced, ipecacuanha, given in large doses, proved in my experience the remedy to be relied upon, the form without emetine being of course preferred. I saw few chronic ulcerative conditions, and cannot speak as to the value of irrigation. Hepatic abscess, as has frequently been noted, was an infrequent complication.

Dr. Watkins-Pitchford has kindly permitted me to publish some of the statistics he collected, in which work I had the pleasure of assisting him, and I would here place on record the excellent service he rendered by applying the Widal test to every case in any way resembling enteric, and by the care with which he accumulated statistical information regarding typhoid inoculation.

For a period of five months there were——

| Admissions | Recovered | Still in Hospital | Died |
|------------|-----------|------------------|------|
| 1006       | 791       | 155              | 60   |

|            | Admitted | Recovered | Died |
|------------|----------|-----------|------|
| Inoculated | 92       | 89        | 3    |
| Uninoculated | 551      | 511       | 40   |
| Died, Inoculation Unknown | ... | ... | 17 |
| Percentage Mortality of Those Inoculated | 3.25 | 7.2 |
| "       | "       | "         | "    |

|            | Admitted | Recovered | Died |
|------------|----------|-----------|------|
| Dysentery  | 396      | 364       | 11   |
| Gun-shot wounds | 119      | 91        | 2    |

Percentage mortality, 2.8

"   " 1.68
These cannot but be regarded as eminently satisfactory results, even although the number of cases be not sufficient to base any conclusions upon, regarding inoculation.

The sanitary arrangements of the hospital were above criticism, and Colonel MacNeece’s method of dealing with the slop waters was both ingenious and interesting. They were removed by low-caste Indian coolies, who conveyed them in galvanised iron tanks, set on wheels, to pits, arranged with exit channels, fitted with sluices, which led to low-lying grass ground near the little Bushman River.

It was, in fact, a kind of aerobic septic tank and irrigation system combined, and acted admirably, there rarely being any odour even in the hottest days. A portable Thresh’s disinfecter was used for bedding, etc., while all enteric stools, after being covered with strong ical solution, were mixed with sawdust, and cremated in a special crematorium. This process at times gave rise to unpleasant fumes, but, the direction of the prevailing winds having been considered, there was no nuisance produced in any part of the camp, and no one to offend on the wide stretch of bare veldt over which they were dispersed.

Such is a brief account of medical life, a few interesting cases, and experiences gathered in a General Hospital. Very different is one’s existence when attached to troops far away from the railway and hospital comforts.

Here is a case in point. In the early part of this year I found myself for a time in medical charge of the garrison at Kaapsche Hoop, a small gold-mining village, situated on a huge and lofty plateau known as the Devil’s Kantour, whence is obtained what is probably the finest prospect in South Africa, embracing a bird’s-eye view of Barberton and the great Kaap Plain, the distant mountains of Swaziland; the level stretches of Portuguese territory showing as a faint, blue haze beyond the Lebombo Hills, the green Eland Valley, and the towering heights which bound the Lydenburg district on the south.

The duties were sufficiently varied, there being a force of over 400 men—horse, foot, transport, and artillery, six Dutch laagers, a gold-mining village, a gold mine, and outlying farms.

The signal for attack upon the post was three shots, fired in rapid succession. One night in February it seemed as if the long-expected visit of brother Boer was at last an accomplished fact. It was a suitable time for a warlike enterprise, there being what is called in Scotland “a wading moon,” and a hazy uncertain light, by which grey rocks and white tents looked ghostly and unreal.

Suddenly a rifle shot rang out from one of the block houses, and ere many minutes were over a second made itself heard from a different direction. The enemy were known to be in the neighbourhood, but the decisive third report was not forthcoming on this occasion. Instead I was roused by the hoof-strokes of a
galloping horse, and immediately afterwards an orderly informed me that I was wanted, a sentry of the Royal Scots having blown off two of his fingers. A hard ride of a mile carried me to the little Dutch schoolhouse which served as the hospital, and there a cheerful sight presented itself,—a man with the third and fourth fingers of his left hand badly shattered, and dangling loosely in a basin of antiseptic, a cigarette in his mouth, and the odour of rum exhaling and mingling with the smoke. Two of the Scots, swathed in grey greatcoats, and looking like monks, held each a lighted candle, and blood drops bestrewed the floor, the solitary orderly having applied the tourniquet on the patient’s radial.

The latter’s greeting was, to say the least, peculiar—

“Ye’re frae Auld Reekie, aren’t ye, ye deevil?” he demanded.

I hastened to assure him he was correct, hoping thereby to gain his confidence, but he apparently thought only of himself.

“Weel,” he said, “dinna tak’ off my pinkie!”

He was semi-delirious from shock and the effects of a strong tot of rum which had been given him, while his condition was also partially accounted for by his having the “jumps,” which had brought about the accident. He went under chloroform, wailing “Ma pinkie, ma pinkie, ma pinkie!” and I regret to relate that both the “pinkie” and its neighbour are things of the past with him.

So much for one of the few surgical experiences which fell to one’s lot, and which was far from pleasant, considering the appliances at hand, the light, and the unskilled assistance.

Still, though it is no doubt pleasant to be within reach of books and laboratories, to be certain of your diet, to experience once more the amenities of civilisation, I think there must be few who have borne a part in this great campaign, to whom at times there does not come a hunger for the veldt. In the flickering fire flames one sees strange visions of khaki and of Kaffirs. Once again one gazes on the yellow veldt grass, rippling in the hot sunshine, and marks the long-tailed Sakaboula bird flitting slowly in undulating flight; one hears the throaty bugle calls, the rumble of ordnance, and the tread of marching men; and from a reverie one is roused by the sudden crack of the trek whip, and the voice of the Zulu driver shouting with all the strength of his leathern lungs, “Tokwaan, weet, weet!”
