

lectures was given at the pathological institute to all of the superintendents of the State hospitals, and during January a similar course, though longer, was given to the first assistant physicians of all the State hospitals. The second assistant physicians are now to have a course of the same character, and subsequently to that other assistants will have the same opportunities for study in this central institute. I am convinced that this department of the work is of paramount importance. The State should not simply be the custodian or caretaker of the insane, but it has the further duty of pushing to its highest development every factor pertaining to the care, treatment, and cure of its dependants. The enormous progress in general medicine and surgery during the past twenty-five years has been due to pathological research. It is but fair to say that the discoveries by pathologists in connection with the germ diseases, in the prevention and cure of consumption, yellow fever, diphtheria, suppuration, &c., &c., have resulted in the saving of millions of lives. The great advance in general medicine has not been accompanied by a corresponding advance in the domain of insanity, for two reasons:—

1. That the brain is the most complicated, delicate, and inscrutable organ of the body. There is still much to be known relative to its functions.

2. The insane have been gathered together chiefly in public hospitals practically out of the reach of the medical men who should develop this research, and it is a comparatively recent innovation for the State to provide pathologists in the asylums. The work already undertaken in the pathological institute in New York is most satisfactory. Not only is original research under way, but the institute is infusing a new medical spirit into all the physicians of the State hospitals. We can scarcely hope that one year, or three years, or five years of this work will result in any practical discovery of far-reaching importance, but there can be no doubt that the work now being done will tend to the ultimate solution of many, if not all, of these great problems. But in the meantime, while research is carried on, there will flow through the whole State hospital system a steady current of benefit from the pathological institute, to stimulate the medical officers by lifting them out of the routine of daily work and by making them better physicians, and thus better equipped for the care and treatment of the insane in our asylums.

Miss Mackintosh, the Matron of the Royal Victoria Nursing Home at South Ascot, upon her leaving to take a more responsible position of the same character at Govan, near Glasgow, was presented by the Ascot Committee with a pair of silver candlesticks and inkstand.

## Medicine and Nursing and the South African War.

### THE ROYAL COMMISSION.

EVIDENCE OF COLONEL W. L. GUBBINS, M.B., M.V.O.

(Continued from page 330.)

Colonel Gubbins, who was Assistant Director of the Army Medical Service Corps till December, 1899, and afterwards served in South Africa as Principal Medical Officer of the 6th Division, and of the Pretoria District and Northern Line of Communication, said that as regards the subordinate *personnel* there were difficulties in supplying the troops with adequate hospital attendance. "When the regular supply became exhausted we had to put up with recruits and anybody we could get hold of; for example, the St. John Ambulance men were a great help to us, but it took about three months to train them. When they were trained they were excellent."

The regulations in force at the time did not provide for the expansion that was required for South Africa. There was only equipment for one general and two stationary hospitals stored at Southampton. He was, however, opposed to the plan of buying and storing a large equipment for general hospitals. It might lie for ten or twenty years, and would then become obsolete. It was far better to buy in the market as necessary. [In this opinion we entirely concur.] The R. A. M. C. was wholly insufficient as regards *personnel* at the beginning of the war. Another point which must not be lost sight of was about field hospitals. "When the war was started," said Colonel Gubbins, "the number of beds, or so-called beds, were reckoned amongst the percentage of hospital beds laid down for the campaign. The war has taught us that is wrong; we cannot call them 'beds' in the true sense of the word. I remember two days after the action at Talana Lord Lansdowne telegraphed for the Director General to come over and see him. He happened to be away inspecting, and I was sent as the officer who knew most about the medical arrangements. I drew up a statement for Lord Lansdowne, which was read afterwards in the House, giving the total number of beds, and it read very well; but 500 of these were field hospital beds, which by the light of recent experience I would not now dream of as beds—there is no such thing as a bed, the man is simply put on the ground, and I do not think anything ought to be reckoned as a bed except those in a general or stationary hospital."

In hospital equipment, bed-pans and urinals were some of the things in which there was marked shortage. As the medical member of the Committee, the witness said he was very much responsible for the number sent, but if he were recasting the tables he would put three times the number of bed-pans in. [The number of bed-pans required is

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