

Medicine and Nursing in the South African War

THE ROYAL COMMISSION.

EVIDENCE OF PROFESSOR ALEXANDER OGSTON, C.M.
(Continued from page 392.)

Continuing, Professor Ogston described the method adopted in the Russian military hospitals in times of peace. The civil community are admitted—eye, ear, fever, and even gynæcological cases, besides those of ordinary medical and surgical diseases and injuries. The result is that the medical officers in Russian military hospitals are “real professional men,” and esteem it a higher distinction to be accomplished in their profession than to hold any officer's rank. They are provided with nurses and orderlies, and are capable of importing into war all the attention that a sick or injured man claims in time of peace. The witness thought “a country like ours is bound to aim at giving to every sick and wounded man in a campaign, as far as is practicable, the same skill and attention as a civilian sick or injured man receives in time of peace.” At present Army medical officers, who are drawn from a class superior to the civilian doctor, are not equal to them simply from want of practice.

EQUIPMENT OF HOSPITALS.

The witness also said that the equipment of our military hospitals in South Africa was very antiquated; “the lights in the hospitals were inadequate for the purpose of nocturnal operations, and they were utterly inadequate for searching for the wounded in the field—old, feeble oil lamps and candles in lanterns of certainly not the most modern construction, instead of the better sources of illumination that should have been introduced. The sterilisers were too small for the work that had to be done; each instrument or two would have had to be sterilised by itself. Neither were the instruments suitable for sterilising. They had wooden handles, which would have boiled off, and altogether they were old. Splints were often wanting and very deficient. For instance, for the treatment of a broken thigh, when a man's future depends upon his getting as nearly as possible the full length of his thigh, an extension apparatus is required to maintain the length while it is healing. Extension apparatus in most places was not provided. The drugs supplied seemed to be arranged on antiquated ideas. They were such as you would have found fifty years ago in a chemist's shop, not such as you would find nowadays—bottles of tinctures and effusions, and that sort of thing. Questioned further, the witness said he conceived that they started with a very antiquated armamentarium of drugs, supplemented subsequently by

quantities of tabloids. In regard to disinfectants, when he was lying ill of typhoid fever at Bloemfontein the Professor said he wanted to make the man who attended him disinfect his hands. Sometimes a bottle of carbolic acid was supplied, sometimes Izal, sometimes Sanitas. Sometimes no bottles of disinfectants were to be had at night; “the store-keeper had locked them up, and they were not obtainable, and all that meant (said the witness) that I was spreading infection to the poor man who attended me, and to others. He could not disinfect his hands, and had to go and lie down and attend to others, and he had to eat his food and bring food to others.”

FIRST DRESSINGS.

“The first dressings supplied were utterly unworthy of England. They were wrapped in a piece of paper by, judging from their appearance, someone not specially trained to know the importance of purity, and so on, in regard to first dressings. They were not closed, but stitched with a bit of black cotton thread, and inside of them was a piece of linen, a piece of gamgee tissue in the form of cotton-wool (quite antiquated from the antiseptic point of view), and two safety pins lay loose, so that the first thing in opening them in the field, on the sand, or in the bush, was that they would have tumbled out and been lost, and outside was a label paper gummed on, describing how those should be used. Now, you know, with a man in a campaign, subjected to dirt, rain, dust, and perspiration, that would soon have become illegible, immediately in fact, and frayed off, and I doubt (said the witness) if any man could have sat down in the heat of an action and read those minute and almost illegible instructions regarding how the articles were to be used. Some of the troops were provided with no first dressings at all.”

VOLUNTARY AID.

The witness further stated that the Army Medical Department was unprepared to deal with such questions as have arisen in all large wars, as, for example, the organisation and utilisation of volunteered aid societies. “The Army Medical Department seemed at first to pride itself on being entirely adequate to conduct the campaign without any external aid. They did not seem to have heard that, ever since the American War between the North and the South, every big campaign had had as a marked feature of it the employment of voluntary aid—that in the Franco-German campaign of 1870-1871, the Russian campaign of 1878, the American War in Cuba, and everywhere, voluntary aid was a great feature with civilised nations, and a thing the existence of which could not be overlooked. They had made no provision whatever to deal with that, and seemed rather to resent its appearance.”

Questioned by the President, who said the Army

[previous page](#)

[next page](#)