

THE SOUDAN EXPEDITION.

THE BATTLE OF OMDURMAN.

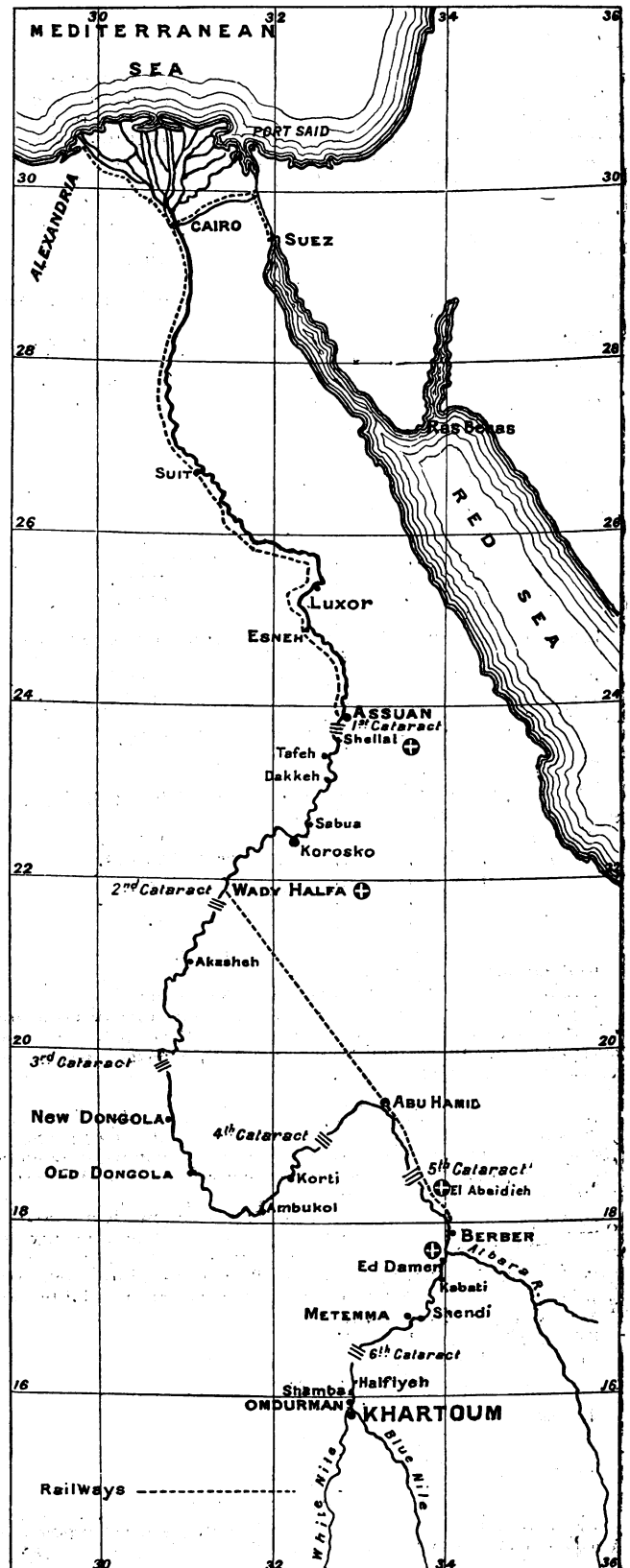
THE brilliant victory which has been won at Omdurman by the combined British and Egyptian force under the command of the Sirdar, Sir Herbert Kitchener, is the crowning achievement of many years of hard work and careful preparation. The valour, at once disciplined and impetuous, which, to quote the cordial phrase of the *Temps*, is the great military virtue of the British race, may be trusted to do all that man can do against an enemy who can be seen, but valour would in this case at least have been useless if every detail had not been thought out beforehand, and if the utmost precaution had not been taken to bring the force to the front in good health. The result of the battle itself appears never to have been in doubt; the most difficult part of the advance was over long before the two forces stood face to face. The great merit of the Commander and of his staff has been the frank recognition of the necessity for forming a true estimate of the risks to health involved in moving a large force for so great a distance under a trying climate and under local conditions as to the water supply and camping grounds, which rendered it imperative that every move should be regulated by sanitary requirements. The success of the advance reflects the greatest credit on the medical officers who have advised on these points, and upon the Sirdar, who has known how to value and to accept their advice.

The Royal Army Medical Corps has not had to wait long for its baptism of fire, and the telegrams, though the details they give are few, are yet sufficiently full to show that the works of the corps was done well and quickly. The battle took place on Friday, and on Saturday the Sirdar was able to telegraph that all the British wounded were to go down the river that day. They will be conveyed on the hospital convoy boats, particulars of which are given below, to the large hospitals at Abeldieh. From thence, when fit to move, they can be sent to Wady Halfa by train, from Wady Halfa to Assuan by boat, and beyond that point again by train. As shown below, there are small hospitals at Shellal, near Halfa, and at Assuan, where, moreover, the wounded will be within easy reach of all the appliances of civilisation.

The casualties were: In the British force, 2 officers and 23 non-commissioned officers and men killed, and 7 officers and 99 men wounded. In the Egyptian force, 1 native officer and 20 non-commissioned officers and men killed, and 6 British officers, 8 native officers, and 221 non-commissioned officers and men wounded. In addition, the Hon. Hubert Howard, *Times* correspondent, was killed, and Colonel F. M. Rhodes, *Times* correspondent, was severely wounded by a bullet in the shoulder. As will be seen from the details of the hospital arrangements given below, they are amply sufficient to deal with all the wounded from the battle.

The Royal Army Medical Corps had to pay its toll in wounded at Omdurman. Lieutenant-Colonel A. T. Sloggett, Senior Medical Officer of the First British Brigade, received a severe bullet wound of the left breast, and two men of the corps were wounded, one of them severely by a bullet in the head. Lieutenant-Colonel Sloggett was the senior medical officer of the Dongola expedition, and was mentioned in despatches for his services on that occasion. He arrived safely at the hospital at Abeldieh on September 6th with the other wounded, and the Principal Medical Officer there telegraphs that he is "doing well and stronger," and that "all others are doing well, but many will require operative treatment."

Major Pinches, R.A.M.C., who as Surgeon to the 21st Lancers took part in the famous charge, seems to have had a very narrow escape. The correspondent of the *Daily Telegraph* writes: "Out of a total strength of only 320 men with which the regiment went into the fray it lost no fewer than forty killed and wounded. Several horses were quickly hamstrung, and their riders were being cut to pieces by the ferocious foe. With one exception, no man who was once actually unhorsed was again seen alive. The single exception was Surgeon-Major Pinches. His horse was brought to the ground and the officer fell amongst the furious Dervishes. Sergeant-Major Brennan, who was riding ahead, saw the Major's peril, and gallantly returned to his assistance. After a tough fight, in the course of which Brennan killed several Dervishes, he suc-



ceeded in getting the officer on to his own horse and back to the regiment."

THE HOSPITAL AND SICK TRANSPORT ARRANGEMENTS.

The following are authentic details of the medical arrangements for the Soudan Expeditionary Force, and for bringing the wounded home. They have been very carefully thought out, and it is probable that no force has ever been more completely equipped in this respect.

The Principal Medical Officer with the Sirdar (Sir Henry Kitchener) is Surgeon-General Taylor, who has for his Secretary, Major Wilson, C.M.G.

The British force consists of two infantry brigades, the 21st Lancers, artillery, and engineers.

The Principal Medical Officer of the British Division is Lieutenant-Colonel Macnamara.

The following are the arrangements for the two British Brigades.

FIRST BRIGADE (Brigadier-General Wauchope, C.B.).

Senior Medical Officer.—Lieutenant-Colonel Sloggett.

Warwickshire Regiment.—Major Irwin.

Lincolnshire Regiment.—Major Adamson.

Cameron Highlanders.—Captain Mathias.

Seaforth Highlanders.—Lieutenant Bliss.

There are five sectional field hospitals, each containing 25 beds, attached to this brigade as follows:

No. 1 Sectional Field Hospital.—Major Myles.

2 " " " Major Webb.

3 " " " Major Robinson.

4 " " " Major Wardrop.

5 " " " Major Dodd.

SECOND BRIGADE (Brigadier-General the Hon. N. Lyttelton, C.B.).

Senior Medical Officer.—Lieutenant-Colonel Hughes.

1st Battalion Grenadier Guards.—Major Kilkelly, Captain Austin.

Northumberland Fusiliers.—Lieutenant Jephson.

Lancashire Fusiliers.—Captain Luther.

Rifle Brigade.—Major O'Callaghan.

Five sectional field hospitals, each with 25 beds, are attached to this Brigade also, as follows:

No. 6 Sectional Field Hospital.—Major MacNeece.

7 " " " Major Wilkinson.

8 " " " Major Stewart.

9 " " " Major Thompson.

10 " " " Major Jones.

CAVALRY AND ARTILLERY.

21st Lancers.—Major Pinches.

Artillery.—Major Clarkson and Lieutenant Gaine.

To the cavalry is attached No. 11 Sectional Field Hospital of 25 beds, under the charge of Major Sawyer. To the artillery No. 12 Sectional Field Hospital, with 25 beds, under the charge of Major Barnes.

COMMUNICATIONS.

The wounded will be conveyed from the front by convoys on the Nile, that is to say, barges fitted up as temporary hospitals. They will go down the Nile to Atbara, where is the most southern stationary hospital.

Each convoy boat contains 25 beds; there is a medical officer in charge of each boat, who will have under his orders a compounder, sergeant, and four or five privates of the Royal Army Medical Corps. The names of these boats and the officers of the Royal Army Medical Corps in charge are as follows:

A.—Major Hunter, D.S.O.

B.—Captain Reily.

C.—Captain Graham.

D.—Lieutenant Huddleston.

E.—Major Carr.

F.—Captain Thomson.

G.—Captain Peeke.

H.—Lieutenant McKessack.

STATIONARY HOSPITALS.

Atbara.—The most southern stationary hospital is at the point where the river Atbara joins the Nile. The hospital originally consisted of hospital tents to hold 100 patients. Recently a hospital of 200 beds has been built of mud bricks

the walls are some 3 feet thick, the roof is lofty, and the ceilings are formed with matting, and thickly thatched with dhurra straw. This hospital could, if necessary, accommodate more than the minimum number of 200 patients, and the provision could be raised to meet the needs of 300 patients if necessary by means of tents. The following are the officers of the Royal Army Medical Corps attached to this hospital: Lieutenant-Colonel Leader, Major Smythe, Major Birrell, Lieutenant S. Archer, and Lieutenant Hopkins.

Abeidieh.—At Abeidieh, 15 miles north of Berber, is another large hospital built of mud bricks and providing accommodation for 300 sick or wounded. There is a large staff at this hospital, consisting of the following officers of the Royal Army Medical Corps: Lieutenant-Colonel Clery, Major Geoghegan, Major Battersby, Major Marder, Major Allen, Major Braddell, Major Burrows, Captain Girvan, Captain Borrodale, Lieutenant M. Corkery, Lieutenant Cummins, Lieutenant McArdle, Lieutenant Stallard. The hospital is well found in every respect, and is provided with proper hospital clothing, and bedding and sheets.

Wady Halfa.—Here, where there is a break between the river and rail, there is a hospital of 50 beds under the charge of the following officers of the Royal Army Medical Corps: Major Baylor and Captain Alexander.

Shellal.—At this point, which is close to Assouan, where there is again a break between rail and river, there is a hospital with 50 beds under the charge of the following officers of the Royal Army Medical Corps: Captain J. Hayes and Lieutenant Hearn.

ROENTGEN RAY APPARATUS.

Two sets of Roentgen ray apparatus have been provided. One of these, which has been taken up the Nile by Major Battersby, will be established at Abadieh. Considerable difficulty and the greatest care had to be exercised to get the apparatus to the hospital in good order. At Korosko the temperature was between 115° and 120°, but by dint of keeping the covers of the apparatus damp, it was got to its destination in good order, and, to the great relief of everybody concerned, was found to work well; the dynamo and tandem were tested some weeks ago. Major Battersby has the assistance of Sergeant-Major Bruce, Royal Army Medical Corps, who has made himself an expert in the manipulation of the necessary complicated apparatus. This will be the main depot for Roentgen ray work, but Lieutenant Huddleston, R.A.M.C., has taken a small outfit with 6-inch coil to the front.

OMDURMAN.

Omdurman, built with more than the ordinary disregard of sanitary principles, is extremely unhealthy. Originally a village, it was converted by the Mahdi into a temporary camp—"temporary" because he affected to believe that he would conquer Egypt and Arabia and die in Syria. The village of 1885 became a great straggling town in 1886, consisting, according to Father Ohrwalder, of a countless conglomeration of straw huts surrounded by small zaribas, with a few mud huts, of which the largest belonged to the Khalifa, the successor of the Mahdi, and to his chief emirs. The straw huts were gradually replaced by mud houses, for the most part miserable hovels, for any appearance of wealth was sure to entail upon the owner confiscation. Each man surrounded his house with a wall built round a yard, and it is not difficult to understand that the streets were no more than foul winding lanes. For police purposes the Khalifa made several wide roads through the town, but the whole place reeked, and no doubt reeks, with filth. The only idea of scavenging possessed by these apostles of a religion which prescribed so minutely the details of personal cleanliness appears to have been once a year to brush the foul accumulations in the narrow lanes out of sight into corners.

It is not surprising therefore to learn from Slatin Pasha that "fever and dysentery are the prevailing maladies in Omdurman," and that "between the months of November and March an almost continuous epidemic of typhus fever rages."

Sir Herbert Kitchener telegraphed on September 3rd, the day after the battle, that the stench in Omdurman was unbearable, and that he had moved the troops to Khor Shambat, apparently the place marked Shambu on the maps, a few miles

below Omdurman, where they were in a good camp on the river.

The intention, it is stated, is to establish a military Government in this part of the Soudan, and from the Sirdar's statement that "Khartoum is the best position," it may be assumed that he will be disposed to keep the bulk of the British force that may be required at this point, and not in or near pestilence-stricken Omdurman. However this may be, Sir Herbert Kitchener has throughout shown so keen an appreciation of the importance of the sanitary aspects of the expedition which he has organised and led with such brilliant success, that we may feel sure that no precautions which military exigencies permit to be taken will be neglected.

ASSOCIATION INTELLIGENCE.

NOTICE OF LAST QUARTERLY MEETING OF COUNCIL FOR 1898.

A MEETING of the Council will be held on October 12th, 1898. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before that meeting—namely, September 22nd.

ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No members can be elected by a Branch Council unless their names have been inserted in the circular summoning the meeting at which they seek election.

FRANCIS FOWKE, *General Secretary.*

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the Office.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting will be held at the Hospital, Hastings, at 3.30 P.M., October 6th.—Members desirous of reading papers or making any communication to the meeting are requested to inform the District Secretary, J. W. BATTERHAM, M.B., Bank House, Grand Parade, St. Leonard's.

LANCASHIRE AND CHESHIRE AND NORTH WALES BRANCHES.—A joint meeting of these two Branches will be held at Chester in the last week of September. All communications with regard to papers or reports of cases to be read and all applications for membership should be addressed, if concerning the Lancashire and Cheshire Branch, to Dr. JAMES BARR, 72, Rodney Street, Liverpool, Hon. Secretary of that Branch; if concerning the North Wales Branch, to one of the Hon. Secretaries, Dr. W. JONES MORRIS, Portmadoc, or Dr. H. JONES ROBERTS, Pen-y-groes.

SPECIAL CORRESPONDENCE.

SYDNEY.

Consumption Hospitals.—Infectious Diseases.—Criminal Abortion.

LAST year, in connection with the Diamond Jubilee of the Queen, a scheme was proposed to provide suitable hospitals for the treatment of pulmonary consumption. The plan proposed was the establishment of a hospital near Sydney for the treatment of more chronic and complicated cases of phthisis, sanatoria in different parts of the country in suitable climates, and, lastly, a hospice for the incurable cases. The amount raised up to date—between £13,000 and £14,000—is not nearly sufficient to complete this plan; but, rather than allow this money to lie idle, it has been agreed that a portion at any

rate of the interest derived from its investment shall for the next two years be devoted to assist in the maintenance of the Thirlmere Home for Consumptives, near Picton. This institution was founded and for several years maintained entirely by the generosity of Colonel Goodlet, but it has lately been dependent upon public subscriptions and a Government grant. The funds having fallen very low, an appeal was made to the Executive Committee of the Queen Victoria Home for Consumptives scheme, and the arrangement above referred to was agreed upon. It is, however, to be hoped that before long sanatoria in parts of the Colony suitable for the climatic treatment of consumption will be established.

We have been visited recently by epidemics of different infectious diseases, and under the new Health Act, which requires the notification of cases of typhoid fever, diphtheria, and scarlet fever, a large number of cases of these diseases have been notified. Influenza, with its concomitant respiratory diseases, has been very prevalent, and now cases of measles and whooping-cough are very numerous in city and suburbs. It is some years since such an extensive outbreak of infectious disease has occurred in Sydney.

No fewer than three cases of criminal abortion have come before the city coroner recently. In each case death resulted from septicæmia a few days after the illegal operation, and in one case a large perforation of the uterus had been produced, apparently by the use of a catheter with stylet. Two women advertising as "ladies' specialists" have been committed for trial for wilful murder. The coroner's jury has added a rider to their verdict suggesting the urgent necessity for steps being taken to prevent these open and glaring advertisements appearing in the daily papers.

CORRESPONDENCE.

WATER FAMINES.

SIR,—With the close of summer comes the complaint from many places that the supply of water is inadequate for the work which the local authorities have undertaken to do by means of water; and water purveyors are being unreasonably abused because the rainfall is some 11 inches short of the average.

There appears to be in most places an ample supply of water for cooking, drinking, and washing, but the supply for water closets and sewer flushing is dangerously short. We have come to regard water as our only scavenger, and all must admit that when the supply is ample and money is no object it does sweep out the filth from our crowded manufacturing areas with an efficiency which makes it popular with those who are responsible for the cleanliness of our towns, but who have no direct responsibility in respect of the purity of our rivers or the production of food.

It is a serious matter however when our only scavenger strikes work in the dog days, and one is inclined to ask whether the time has not come when those who may elect to practise "dry methods" of sanitation and who are able and willing to become responsible for the wholesomeness of their own house and premises should receive some encouragement. So long as the charges for water are proportionate to the rateable value of the house and not to the quantity used, so long will householders be thriftless and wasteful in the use of water. In the same way, when every person within a certain district has to pay for sewers and sewage treatment in proportion to the value of his premises and without any reference to the use he may make of the sewers, it is hardly to be expected that the householder will make much serious effort to lessen the difficulties of the "authority" by burying excreta instead of persisting in the difficult task of attempting to poke them down a dry pipe. Every householder who has one-tenth of an acre of garden or even less is perfectly able to dispose of faecal and other refuse and to purify his slopwater, not only without danger or offence but with manifest advantages on the side of health, beauty, and economy. Why such a householder should not receive some remission of sanitary rates and be permitted to pay for water by meter (if he have no well of his own) I am at a loss to understand. Legislation is now solely in the interests of those who crowd into jerry-built houses with the minimum "model" curtilage; and these un-