



HOSPITALS IN CAPE TOWN DURING THE ANGLO-BOER WAR

J C de Villiers

The choice of Cape Town as the site for the base hospitals during the Anglo-Boer War was for many reasons a logical one. The hospitals that existed in the city at the time were inadequate in size and lacked the required facilities. The unexpectedly large number of wounded and the epidemics of typhoid and plague demanded an ever-increasing number of hospital beds. These demands were met by expanding existing hospitals, making use of temporary hospitals and converting other buildings into hospitals. Eventually more than 3 000 beds were made available by the 10 hospitals in Cape Town and the system, despite continuing problems, provided a reasonable service under difficult circumstances.

S Afr Med J 1999; 89: 75-82.

Cape Town was the centre of British military organisation during the Anglo-Boer War and was responsible for the medical and surgical care of the expeditionary force in South Africa. To manage the medical organisation the principal medical officer of the South African Field Force, Surgeon-General Sir W D Wilson, was stationed in Cape Town for the duration of the war. The choice of Cape Town as base was probably determined by the fact that by the end of the 19th century it was the principal seaport of southern Africa because of its links to the vast hinterland by an efficient railway system. From a military point of view it became the main port for the landing and forwarding of troops as well as for their concentration before an advance.

In a country the size of South Africa transport of the sick and wounded posed a serious problem, and ready access by rail and ship to a city a safe distance from the theatre of war held many advantages. Cape Town also had the essential infrastructure on which an effective military medical organisation could be constructed. A number of established hospitals (including two military ones) were functional at the outbreak of the war, and even if of limited capacity, most were

7 Finsbury Avenue, Newlands, Cape Town

J C de Villiers, Emeritus Professor, University of Cape Town



capable of being expanded as demands for hospital beds increased. Suitable sites, i.e. with adequate water supplies, ease of access for patients and staff, and in some cases, electricity, were at hand for temporary hospitals.¹

As the war progressed, the need for more hospital beds at base rapidly increased as vast numbers of sick and wounded soldiers were brought from the battlefields in the vicinity of Kimberley and Colesberg. Two hospital trains maintained this flow of patients from the north, while hospital ships and sick transports brought sick and wounded soldiers from Natal to hospitals in Cape Town because of inadequate hospital facilities in that province. The typhoid epidemic, which affected large numbers of British soldiers as well as Boer prisoners-of-war in the camps at Green Point and Simonstown, intensified the demand for hospital beds. The 1901 plague epidemic in Cape Town led to a special need for isolation facilities and hospital beds to cope with patients and contacts.

THE WOODSTOCK STATION HOSPITAL (NO. 5A GENERAL HOSPITAL) (FIG. 1)

At the outbreak of the Anglo-Boer War the hospital on Woodstock beach was the oldest military hospital in Cape Town. The No. 5 General Hospital, constituted in Britain, arrived in January 1900 to take over the Woodstock Station Hospital, but as some of the staff had to leave for the front immediately, their equipment was temporarily stored.² In March 1900 the Station Hospital was officially taken over and became No. 5A General Hospital, with an initial capacity of less than 500 beds; this was increased to 700 beds when corrugated iron and wood huts were erected. Electric lighting was installed and a recreation room was added.³ Although it was not originally intended to be a surgical hospital, an operating theatre was added in August 1900.⁴

The hospital was an old double-storey building with two wings and an administrative block in the centre, well constructed and adequately ventilated. The special correspondent for the *British Medical Journal* said of it: 'This



Fig. 1. Woodstock Station Hospital, later No. 5 General Hospital. (Courtesy Cape Town Archives.)

hospital is badly situated on a flat stretch of beach close to the city and wedged in between the sea and the railway line. The fact that the railway line has to be crossed, renders it somewhat difficult of access. Moreover the foreshore is not of the cleanest, and the city council in its wisdom has constructed the city sewage outfall in the immediate neighbourhood. And a great disadvantage where tent accommodation has to be largely resorted to — it lies in the teeth of the prevalent south-east winds, which churn up clouds of dust, often compel the keeping down of tent flaps all day, and at times wreck the tents.⁵ Williamson agreed with some of these criticisms, but indicated that the patients did well at this hospital and did not complain of the odours!

Lieutenant-Colonel J F Williamson of the Royal Army Medical Corps (RAMC) was Officer in Charge. Staff consisted of RAMC officers and civil surgeons.

THE WYNBERG MILITARY HOSPITALS (NO. 1 AND NO. 2 GENERAL HOSPITALS)

No. 1 General Hospital (Fig. 2)

Some of the vacated buildings of the permanent barracks at Wynberg Military Camp were converted into hospital wards. The officers' mess became a ward accommodating 30 - 40 officers, while the entire hospital had a capacity of approximately 520 beds.⁶ Only some of the wards could be accommodated in the permanent buildings, so wood and corrugated iron huts, each containing 14 to 20 beds, housed the rest. The hospital was supplied with electricity that not only provided lighting but also dispensed with the accumulators usually required for the X-ray apparatus. A specially constructed wood and corrugated iron operating theatre was so well equipped that Sir William MacCormac could say: 'for practical uses this operating theatre will compare favourably with any one anywhere'.⁷

When No. 1 General Hospital opened at Wynberg on 30 October 1899 it was short of staff, but this situation was



Fig. 2. General Hospital, Wynberg. Officers' mess converted into ward for officers. (Courtesy Heeresgeschichtliches Museum, Vienna.)



resolved by the temporary attachment of No. 4 Stationary Hospital. Lieutenant-Colonel A H Anthonisz was Officer in Charge. There were seven RAMC officers, 11 civil surgeons and a nursing superintendent with eight nurses.⁸⁻¹⁰

No. 2 General Hospital (Fig. 3)

The site for this hospital was prepared on the parade ground below No. 1 General Hospital in Wynberg Military Camp, despite initial doubts about the suitability of the site on account of the strong south-easterly gales that prevail there in summer. Erection of accessory buildings commenced before the arrival of the hospital on 22 November 1899. The hospital consisted of 99 double-fly marquees, each containing six spring beds, while store and operating tents were also provided. All tents were fitted with wooden floors and the standard hospital comforts and minor luxuries were provided. The hospital opened on 1 December 1899¹¹ and had a bed capacity of 504.

Colonel A W Duke, RAMC, was Officer in Charge. There were five RAMC officers, 12 civil surgeons and eight sisters of the Army Nursing Service.¹¹



Fig. 3. Map showing the drill and parade ground where No. 2 General Hospital was established. The upper part of the map indicates the position of the No. 1 General Hospital. (Courtesy Cape Town City Council Archives.)

No. 3 General Hospital (Rondebosch) (Fig. 4)

The staff and equipment for this hospital arrived in Cape Town on 20 and 24 November, and were located in Rondebosch on an excellent site. Accessory buildings were made available and tents were erected by the RAMC in December. No. 3 General was situated 'on elevated ground, led up to by a road running through beautiful pine woods'.¹² It was joined by the Portland Hospital, a civilian hospital officially attached to it, and both opened at about the same time in January 1900. No. 3 General Hospital was fully functional by early February 1900 and remained at this site until May.

No. 3 General Hospital consisted of 73 double marquees, each with a capacity of four to seven beds, depending on need.



Fig. 4. Wounded being removed from ambulance at No. 3 General Hospital in Rondebosch. (Courtesy McGregor Museum, Kimberley.)

The commanding officer preferred to have a marquee tent as an operating theatre rather than a standard operating tent of the field hospital type. Two tents were set aside for pre- and postoperative patients and a special tent for infectious diseases, separated from the others, proved to be a wise precaution. Six storage tents and a special darkened tent for X-ray use were also provided. The marquees were fitted with wooden floors and the beds were of high quality. Large pots of flowers placed between the tents, and easy chairs scattered beneath the trees, created the effect of 'a cheerful and invigorating spot for the healing of mind and body'.¹² Dr Archibald Young, one of the civilian surgeons attached to this hospital in Rondebosch, said that No. 3 General Hospital 'was admirable in conception, ideal in situation and marvellously organized'.¹³ This hospital was a well-supplied, carefully planned and excellently run institution, with much of the credit for this going to Commanding Officer Colonel Oswald Wood, RAMC.¹³

Colonel Wood was Officer in Charge and Major A Keogh, RAMC, was secretary and registrar to the hospital. There were 96 non-commissioned officers and men. About the middle of January the nursing staff joined the hospital, but in rather depleted number as some of them had been directed to Natal.¹⁴

In May the hospital was divided into two sections. The section under command of Lieutenant-Colonel Keogh was moved to Springfontein, while the section under Colonel Wood moved to Kroonstad approximately 2 weeks later.

THE PORTLAND HOSPITAL (FIG. 5)

In October 1899 it had been suggested that private hospitals should be sent to South Africa as independent 'flying hospitals', but the British Central Red Cross Committee felt that privately donated stationary hospitals of about 100 beds, attached to some of the larger military hospitals, would be a better option. Owing to the activities of a number of enthusiastic, wealthy and well-connected supporters of this idea, as well as the generous support of the Duke of Portland, a



Fig. 5. Operation tent of the Portland Hospital in Rondebosch. (Courtesy McGregor Museum, Kimberley.)

hospital bearing his name was established. The War Office agreed that with the exception of the Officer in Charge, who had to be a RAMC officer, the medical and surgical staff of such a hospital would be civilians. These hospitals would in all respects be equipped as military hospitals and would be at the disposal of the Commanding Officer in South Africa, to be used as part of a 'base hospital' or 'stationary hospital' on the line of communication.

The creation of the Portland Hospital progressed so smoothly that hospital staff and equipment arrived in Cape Town on 30 December. The hospital was situated close to No. 3 General Hospital in Rondebosch, to which it was officially attached. The hospital functioned in Rondebosch from January to April 1900, at which time it was moved to Bloemfontein, where it opened on 19 April and continued to function until its closure on 12 July.¹⁵

The original hospital design was for 104 beds, but in response to local needs 160 patients could be accommodated. Patients were housed in 13 tortoise tents, two ordnance store tents and eight bell tents, while the staff had square bell tents. Only the operation tent had a deal floor, and the kitchen was a wood and galvanised iron building. A special bell tent with a small dark tent pitched inside it made it possible for photographic plates to be changed and developed in daytime, but X-ray work was preferably done after dark. The lithanode accumulators of the X-ray apparatus were recharged at the Rondebosch electrical works.¹⁶

Patients destined for the Portland and No. 3 General Hospitals were brought to Rondebosch station by train and transported from there by their own or army ambulance wagons.

Surgeon-Major C R Kilkelly, RAMC, was Officer in Charge. There were also four civilian surgeons, four nursing sisters, a secretary, a treasurer and 33 St John's ambulance men.¹⁷

THE CLAREMONT SANITARIUM (FIG. 6)

This institution, situated on 123 acres of Claremont land, was erected under the direction of the International Medical Missionary and Benevolent Association of Battle Creek, Michigan, and was opened in 1897. From the outset they set themselves the task of making this the best medical institution south of the equator.¹⁸ Among its many attributes the hospital had electrical lighting, a lift 'for the safety and convenience of feeble patients', and an X-ray apparatus.¹⁹ This three-storey building with its 106 bedrooms was fitted with everything necessary for the patient's comfort.²⁰ In Lady Briggs' description 'The Claremont "Sanitarium" is a large building of considerable architectural merit, situated on a slight eminence in a beautiful valley, and commands a magnificent view of Table Mountain, of which the eye never tires. It is only six miles away from Cape Town, and is easily accessible by either train or electric tram.²¹ MacCormac found this hospital to be built somewhat like a large hotel and indicated that half of the establishment had been hired by the government as a convalescent hospital for officers. Each officer had a separate room and there was a very spacious dining room, a gymnasium and, indeed, all the luxuries of a first-class establishment.¹²



Fig. 6. Claremont Sanitarium. (Courtesy South African Library.)

The hospital could accommodate approximately 40 officers, who were cared for by army doctors. They had their own chef, and each officer had his own servant. They enjoyed their stay at this institution as it was a pleasant break from the austere facilities of a standard military hospital. A minor discomfort which they had to endure, was that alcohol was not allowed on the premises!

Major Barnes, RAMC, was Officer in Charge, and was assisted by military medical officers and the nursing staff of the hospital.

IMPERIAL YEOMANRY HOSPITAL AT MACKENZIE'S FARM (FIG. 7)

The committee of the Imperial Yeomanry Hospitals (IYH) in South Africa established this small hospital at Maitland camp



Fig. 7. Ambulance wagons conveying patients from the Imperial Yeomanry Hospital at Mackenzie's Farm in Maitland to ships in Cape Town harbour. (Courtesy Cape Town Archives.)

in August 1900 as a branch of their hospital at Deelfontein near De Aar. A small detachment of staff under Mr William Turner, FRCS, was sent from Deelfontein to equip and open this hospital, which was to serve exclusively as detention hospital. Yeomanry sick would still be sent to the general hospitals in and around Cape Town. This was thought necessary on account of the distance of the camp from the general hospitals at Wynberg and Woodstock.

The hospital was situated on the northern confines of the Mackenzie's Farm camp, which adjoined the Maitland camp and was then being used exclusively as a base detail camp for the Imperial Yeomanry. The hospital was erected on a flat sandy area that became something of a swamp in the rainy season and at the best of times offered no hold for tent pegs — with disastrous results during the usual Cape windstorms. Part of its equipment was purchased locally, and the remainder as well as the personnel came from the IYH at Deelfontein.

Huts were erected to form the nucleus of this hospital, which was formally opened as a base hospital with 50 beds on 15 August 1900. Although the initial intention was for it to serve only the yeomanry camp, it later had to take care of all yeomanry invalids, wherever they came from, and this led to the expansion of the hospital's bed capacity to 150. Owing to escalation of the typhoid epidemic in December 1900, two additional huts were erected by the Royal Engineers that allowed arrangements to change considerably.^{22,23} This hospital functioned from August 1900 until March 1901 when it was taken over by the colonial government to be used as a plague hospital.

Mr William Turner, MS, FRCS (Surgeon in Charge), Dr L E C Handson, three nursing sisters and one ward maid were all detailed from Deelfontein.

THE PLAGUE HOSPITALS AT UITVLUGT (FIG. 8)

The south arm of the Cape Town docks, used by the military authorities for storing large stocks of grain and forage imported from South America, was the site where the health authorities of Cape Town discovered rats dying of plague in February 1901. This was the nidus from which infected rats invaded the city's slum areas; within a year a plague epidemic had struck down 766 people, of whom 371 died.



Fig. 8. Uitvlugt Plague Hospital.

To deal with this potentially disastrous situation a temporary isolation hospital was established about one mile south of Maitland station at the Uitvlugt Reserve. This hospital was 500 yards from the Mackenzie's Farm Hospital of the Imperial Yeomanry. The latter hospital was later bought by the Colonial Government for use as an additional plague hospital. A contact camp was established close to the Uitvlugt Hospital and in May 1901 the Colonial Government took over the Maitland Military Camp approximately a mile north of this hospital, near Montague Bridge Station, for the same purpose (J A Mitchell — unpublished report on the Uitvlugt Hospital).

Dr J A Mitchell, a bacteriologist of the Cape colonial administration who had recently arrived from Glasgow, was in charge. Local nurses had to be found to do the work but 20 nurses were recruited from Britain for this task. On arrival in Cape Town they were temporarily accommodated in the IYH until the nurses' quarters at the Plague Hospital were completed.

Eight members of the hospital staff contracted plague and six of them died. Dr Thomas Cameron Dunlop, a medical officer at the black location, scratched his hand while doing a postmortem examination on a patient who had died of plague, and died of the disease 4 days later. Miss Ellen Maria Kayser was appointed Matron of Uitvlugt Hospital in March 1901, worked extremely hard during a period of nursing shortage, developed systemic symptoms on 14 April and died 2 days later of pneumonic plague. Miss Minnie Naomi Kayser, sister of the Matron, developed symptoms on 18 April and died of pneumonic plague 5 days later.²⁴



The government of the Colony of the Cape of Good Hope erected a small monument in Maitland cemetery to mark the graves of these three individuals. The graves of orderlies and serving staff of the hospital are located close to this monument. A brass plaque (now in the Cape Medical Museum) was placed in one of the wards of the City Hospital in memory of the two Kayser sisters.

GREEN POINT CAMP HOSPITAL (NO. 6 STATIONARY HOSPITAL) (FIG. 9)

When a military camp was established on Green Point common it included a standard 'non-dieted' camp hospital, i.e. a hospital where patients continued to draw standard soldier's rations, supplemented by such extras as prescribed by the medical officers. This hospital dealt with minor illnesses while patients with more serious ailments were referred to Woodstock Station Hospital. As the work at the camp increased and the demands made on Woodstock exceeded their capacity, the need to increase the size and scope of the Green Point Hospital became clear. In February 1900 the mayor of Cape Town, with the approval of the colonial government, offered part of the newly completed Infectious Diseases Hospital to the military authorities to assist in the treatment and care of the wounded. The Imperial military authorities accepted this offer, added a number of temporary corrugated iron and wood huts, and created a hospital complex that became No. 6 Stationary Hospital.²⁵



Fig. 9. Green Point Camp Hospital later became the No. 6 General Hospital, of which the newly completed City Hospital (arrowed) formed a part. (Courtesy Cape Town Archives.)

Three blocks of the newly completed Infectious Diseases Hospital were taken over by the military authorities as an extension of the Green Point Hospital. The administrative block was converted into wards, but the small rooms made nursing and supervision difficult. This was a fine double-storied building, well ventilated and excellently equipped. These

permanent buildings of the Green Point Hospital were regarded as among the best in South Africa because of their excellent design and recent construction. The hospital was situated on the southern boundary of the common, and had the New Somerset Hospital between it and the sea, with the Boer prisoner-of-war camp lying between it and the main road. The proximity of the hospital to the New Somerset Hospital allowed for easy access between the two,²⁶ with some of the nurses working at the Green Point Hospital staying at the New Somerset Hospital's nurses' quarters.²⁷

This hospital dealt with practically all the sick from Green Point camp and some of those landed from transports, as well as some convalescents from up-country. All patients from the Boer prisoner-of-war camp on the cycle tract were treated at No. 6 Stationary Hospital. As elsewhere in South Africa at the time, most acute admissions were patients with typhoid fever; they were accommodated in the newly completed wards designed for infectious diseases. A third small block was used as nurses' quarters. The remainder of the Green Point Hospital consisted of wood and corrugated iron huts and a number of tents. One hut was specially erected by the Royal Engineers at the request of the actors and actresses of London, who paid for its construction and equipment. It was used as a typhoid ward, and a plaque with the inscription 'this ward is the gift of British Actors and Actresses' was affixed to it.²⁷ Bed allocation was 380 beds for sick soldiers, and 72 for Boer prisoners-of-war.

Frederick Rompel, a newspaper editor in the Transvaal until deported by the British authorities, visited a Boer prisoner-of-war in this hospital. He noted the new, well-equipped brick building, the neat huts and tents, and commented on the overall bright and pleasing appearance of the entire complex.²⁸

Major Henry Octavius Trevor, RAMC, was Surgeon in Charge. Other staff included Captain Douglas, RAMC, five civilian surgeons, 12 nurses and 23 orderlies, of whom only four were RAMC men.

THE PALACE BARRACK HOSPITAL IN SIMONSTOWN FOR BOER PRISONERS-OF-WAR (FIG. 10)

This structure, originally built as a hotel, was used as barracks by the Cape Garrison Artillery until late in 1899, when it was evacuated to provide space for a hospital for Boer prisoners-of-war with typhoid. Many of them had been taken ill with this disease on board the ships in Simonstown where they were temporarily incarcerated. From the time of their arrival in Cape Town the captured Boers had been plagued with typhoid, but after General Cronje's capitulation at Paardeberg this disease reached epidemic proportions among them. In his evidence before the Romer Commission, Dr Carre indicated that other infectious diseases such as measles and influenza also seriously affected this population.²⁹

This hospital consisted of a main building divided into smaller wards holding eight to ten beds each. In addition, four



Fig. 10. The Palace Barrack Hospital in Simonstown for Boer prisoners-of-war. (Courtesy Simonstown Museum.)

large corrugated iron and wood huts, spacious, well ventilated and comfortable, similar to the ones used in Woodstock, were provided. Officially the total number of beds was 67, but Dr Carre mentions that at the height of the typhoid epidemic the hospital accommodated 140 patients! The hospital's first return was on 20 October 1899 and it functioned until 31 May 1902,³⁰ although it is not clear what activity there had been in the interval between October 1899 and March 1900. Dr Carre, who was appointed in March and apparently had to establish a hospital in an empty building, said: 'The hospital did not exist, and it had to be made'.³⁰

Staff arrangements were unusual as the hospital's organisation was entirely in the hands of civilian surgeons. Dr Gerard Carre, Principal Medical Officer in Charge, was transferred from the staff of No. 1 General Hospital at Wynberg to the Palace Barrack Hospital on 14 March 1900. The junior medical officers were all civilian surgeons, among them Dr T G Hall, a former district surgeon of Jacobsdal in the Orange Free State, who could speak Dutch. Nurses were not supplied by the Army Nursing Service, and of the original 12 only two were from the nursing reserve. The remainder of the nursing staff was made up of untrained outsiders including several Boer nurses, and of course Mary Kingsley. The nursing contingent was later reduced to six. There were approximately 30 male orderlies, none of them RAMC. Some of them were Cape Voluntary Medical Service Corps (CVMSC), some were men of the St John's Ambulance Brigade, and a number were line orderlies and civilians.

Despite the many difficulties, almost to be expected when a civilian organisation has to function within a military framework, the Palace Barrack Hospital was apparently very effectively organised by Dr Carre. He had no quartermaster, no steward, and no non-commissioned officer until a sergeant of the CVMSC was seconded to him in August 1900.³¹ Dr Carre,

however, repeatedly stressed that he had received great assistance from the naval authorities, particularly with the sea and land transport of individual patients from ships in Simonstown harbour.

DISCUSSION

When war was declared in October 1899 the permanent hospitals in Cape Town were only sufficient for the garrison of about 4 500 men. By opening No. 1 General Hospital late in October 1899, No. 2 General in December, and No. 3 General in January 1900, the main base hospitals were established in Cape Town. The comprehensive upgrading of Woodstock Station Hospital completed this process and the additional hospitals served to increase the efficiency of these base hospitals. Apart from these 'regular' hospitals that were improved by extensions or additions, the temporary hospitals established at Mackenzie's Farm, Green Point Common, the Palace Barrack in Simonstown and Uitvlugt helped to solve specific problems 'at base'. After they had fulfilled their respective tasks these hospitals ceased to exist, and the building of the Palace Barrack is the only remaining fragment of this group.

Some hospitals (No. 2 General, No. 3 General, and the Portland) were initially located in Cape Town but as demands for medical services changed, they were transferred to sites nearer the scene of action. The organisation and placement of hospitals was such that by April 1900, before some of the large hospitals moved north, about 3 000 hospital beds were available in Cape Town. The plague is not considered in this calculation because of its highly specific and circumstantial nature. Despite this remarkable increase in hospital accommodation the problem of providing beds for the sick and wounded remained unabated throughout the war. There was, for instance, criticism of the care provided at the Mackenzie's Farm Hospital, where patients had to sleep on the ground without adequate cover. It had to be pointed out that this hospital was a convalescent facility to which patients still in need of medical care were being admitted because the hospitals at Wynberg and Woodstock were over-full. Sir Alfred Milner indicated that individuals were not to blame for these difficulties but that the system had to be reviewed.³²

Of the hospitals that were active during the Anglo-Boer War some of the buildings have remained, but these are no longer used as hospitals. The officers' mess and the old administrative building at Wynberg military camp are the only remaining parts of No. 1 General Hospital. The administrative building of the City Hospital now houses the South African Institute for Medical Research, and the Palace Barracks Hospital in Simonstown has reverted to its original function as a barrack. The New Somerset Hospital, which provided assistance to No. 6 Stationary Hospital at Green Point, is the only one still active as a hospital, even if under threat. The Claremont Sanitarium was destroyed by fire in 1905, and the development



of the foreshore area in Cape Town removed every trace of the Woodstock Hospital site.

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