A severe shock was felt at Malta about 5 a.m. on December 28th, 1908. Two and a half hours later a tidal wave rose in the harbours to a height of 7 feet. It flooded the road at the end of the Pietà creek and entered some of the houses. The flood continued at this high level for almost eight hours, and when the waters receded many small fish were found gasping in the mud. In the evening these phenomena were explained by wireless reports of the great earthquake in Sicily.

H.R.H. Field-Marshal Commanding in Chief issued orders at 7 p.m. on the 29th for a party of the Royal Army Medical Corps to prepare for embarkation.

The Principal Medical Officer detailed Major Crawford to command, selected the personnel, and arranged as to equipment, rations, &c.1

By 3.30 p.m. on the 30th all was ready at the place of embarkation, and at 8 a.m. on the 31st the party was inspected by H.R.H. Commanding in Chief.

Embarkation on H.M.S. "Duncan," flagship of Admiral Callaghan, began at 9.30 a.m., and, with the assistance of thirty men of the 2nd Battalion Somerset Light Infantry, was complete by 1.30 p.m. Additional food supplies and an Army Service Corps Field Bakery section were embarked later. H.R.H., accompanied by H.E. the Governor, came on board, and after a final inspection, the battleship sailed at 5.15 p.m.

Our first sight of the scene of the disaster was from the deck of the flagship H.M.S. "Duncan," at sunrise on New Year's Day. Snow lay on all the hills on either side of the Straits. In the distance the white buildings of the coast towns looked much as usual, but through the glass, when the sun had risen higher, one could make out piles of débris and solitary walls standing out of the wreckage. We advanced slowly, with soundings all the time. When Messina came into view white walls again deceived the eye, but

1 The personnel was a Field Ambulance section; the equipment a Stationary Hospital with special stores; rations with special extras were for ten days.
behind them, at various points in the town, isolated columns of smoke were rising.

The anchor was let go in the roads outside the harbour, off the horn of the spit of land which is the famous “sickle” of antiquity. Between us and the beach two passenger steamers were taking people on board; the nearer one, a fine vessel of the Florio-Rubattino Line, was soon completely filled, and steamed out north. The cutters and pinnace of H.M.S. “Sutlej” were busy removing wounded from the shore to the ship, and all our medical officers were soon employed on board her. The patients were being dressed and tenderly cared for; mattresses, blankets, and warm comforts were provided. Cigarettes were issued and were particularly appreciated even by many of the more serious cases.

While waiting on the “Duncan,” one noticed the absence of local small craft; in fact, only one rowing boat was visible and it contained four miserable-looking men and a boy, who came near to beg for bread, saying that they had been without food for four days. One heard, from time to time, detonations and occasional rifle shots in the city. Along the sea-front large numbers of people were scrambling aimlessly to and fro, over the heaped up débris in the streets; others were gathered in groups, and through the glass one saw that the largest crowd was close to the Red Cross flag, which marked the dressing station of H.M.S. “Minerva.”

To the south, in the soft low-lying ground of the “sickle”-shaped spit, a party of sailors, said to be Russians, were burying the dead brought thither by other sailors.

The masts of a Russian cruiser and other foreign warships lying within the harbour showed that our view was only a partial one, though more than sufficient to make it clear that all the buildings were mere shells.

About two hours before sunset the boats of H.M.S. “Duncan” touched the Catona beach, where desolate men, women, and children were assembling to meet the “Inglesi.” Headed by a ship’s party with picks and shovels, we were shown the way to the railway station enclosure, in which a wooden shelter had been erected by the Italian troops for the reception of seriously wounded cases. Here the Royal Army Medical Corps advance party, consisting of medical officers and nursing orderlies, formed a dressing station and worked until long after dark. When this party arrived, the doctor of the neighbouring village of Salice was rendering what assistance he could, though himself badly wounded. Next day he became an out-patient, and it was found that he had an enormous
suppurating scalp wound and a fractured left parietal bone, as well as severe contusions and wounds in other parts of his body. It was said that three doctors were killed in Catona; one of them was found later uninjured in bed, having been smothered in his last sleep.

Catona lies between the sea and the railway from Villa San Giovanni to Reggio-Calabria, about 3 kilometres south of the former. The population was fully 4,500 and almost one-half were buried in the wreckage. Most of the civic officials and professional men were dead. The houses were made of rubble and very sandy mortar, and in the long main street, where they were three storeys high, the ruins completely blocked the road. Broken chairs, solid furniture crushed to matchwood, and twisted iron beds bore witness to the terror of the disaster. Very few buildings were still standing, all of which were badly cracked.

The only available clear space for the hospital lay north-west of the town. It had been a market-place and was on a gentle slope of gravel and sand, reclaimed from a river-bed. The north-east part, as the driest, was assigned to the field bakery. A well was close by, and the only building, a municipal office, served for storing flour and preparing "sponge."

We returned to the ship, and before turning in for the night all the officers assembled to hear the orders for disembarkation. The Commander of H.M.S. "Duncan" rapidly and concisely arranged the details and satisfied himself that those concerned understood them. On January 2nd, at 7 a.m., the "Duncan" weighed to Catona, and on arrival the first tow (four cutters) was got ready to take working parties of sailors and marines, together with thirty of the Royal Army Medical Corps, including the serjeant-major, dispenser, sanitary orderlies, and cooks. The water-cart and filters, cook-house equipment, operating tent and equipment, and pioneer tools were stowed for landing first. As an instance of the way in which the Royal Navy expedited the opening of the hospital, it may be mentioned that the Captain of H.M.S. "Duncan" provided a cooked meal, sufficient to last for twelve hours, for every man going on shore, and an ample supply of pure water was landed from the ship. E.P. tents, stores, and tent equipment were landed during the morning. Our Quartermaster remained on board until he had seen the last articles ready for the shore. The stores had to be carried more than 300 yards over sandy ground, and the sailors found that the water-cart carriage was very serviceable.
Before leaving Malta, rations and supplies for a second period of ten days had been drawn, and these were disembarked in the afternoon.

Two sisters of the Queen Alexandra’s Imperial Military Nursing Service and two volunteer nurses from Malta were attached to the Hospital Staff, as the Admiral found that they could not work so profitably elsewhere. They disembarked early in the forenoon.

As soon as the operating tent and dressing (E.P.) tent were up, a working party of Royal Marines took over the pitching of tents.

N.C.O.’s of the Nursing Section were detailed as ward-masters of the two divisions, male and female.

**Fig. 1.—Catania. About noon on January 2, 1909.**

It was their duty to report deaths to the Serjeant-Major at once, and on going off duty at 6 p.m. to hand him a list of the actual numbers of admissions, discharges, and of patients for each tent. An officer visited each ward between 6 and 7 p.m., and noted the numbers independently, afterwards checking the ward-masters’ lists collected by the Serjeant-Major.

Equipment for twelve beds was drawn for each E.P. tent when erected, and a nursing orderly placed in charge.

Empty boxes for dry rubbish and biscuit tins for liquids were placed close by the tents, and removed and emptied as required by the sanitary party.

Deep latrines were dug in the sandy soil and shored up with old
boards and transverse struts. The trenches were narrow, and the
users straddled across them. Urine soak-aways were dug close to
the latrines.

A field incinerator and a refuse pit were placed outside the camp.
An ablution stand and a tarpaulin bath for the N.C.O.’s and men
were erected south-east of the camp.

The water was from a surface well and filtered before use.
The field kitchens, of tufa blocks from the ruins, worked well,
and before the rain came were roofed with tarpaulin.

On the 2nd, rescue parties from the “Duncan” went out early
and worked steadily until late, the last of them returning in the
moonlight about 11 p.m. This squad had sent to camp four hours
earlier for a saw and also for assistance in excavating an old man.
Volunteers were called for, and the Officer commanding the Marine
Guard went out with our interpreter, one N.C.O., and four men
of the Royal Army Medical Corps. The work appears to have been
arduous, and was rendered more exciting by loosened stones and
mortar dislodged above the rescuers by a good six-second “scossa”
(shock). The parish priest of Catona was among the first to
welcome us, and gave us very great assistance by his cheerful
influence with the sorrowing and panic-stricken sufferers. His
house, in collapsing, had killed about fifteen people, but left him
unhurt. He lived in hospital for the first few days, and during our stay was always ready to come at short notice. He placed doctor and patient in complete accord within a few minutes, without the excited hand-waving chatter so hopelessly unintelligible to a foreigner, and trying to the nerves of some. He was told, "Padre, operatio in sonno sine dolore necesse est," and he understood that an anaesthetic was required. In the case of an amputation, after his explanation the patient would ask "Dove?" and there might be a quiet pleading for the lowest possible point, but confidence in the surgeon's judgment had been established by the padre.

Just before the first case was treated, we all stood by our work for the space of about one and a half minutes while the padre said a short prayer for God's blessing on our efforts.

Within two hours there were two wards (tents) full of female and one of male patients, but at no time was there any delay; a bed was always ready when a patient was admitted.

The general procedure was:—

All cases, on arrival at the camp, were first taken to the dressing tent. There hot bovril and other comforts were administered immediately. Each case was examined, dressed, and, if admitted,
Earthquake Relief Party, R.A.M.C., Catona

sent straight to a ward with a descriptive tally (A.B. 166). Slight cases were allowed to attend for dressings, unless they were unable to obtain food and shelter outside the hospital. No one desiring admission was at any time refused.

Inside the dressing tent two tables were erected for examination of the serious cases. Along one side of the tent seats were made, by means of planks placed on biscuit boxes, for accommodation of the slighter cases. Just outside the tent a fire was kept going in a field kitchen, with kettles for bovril, boiling water for fomentations, &c.

The variety of injuries met with was extraordinary. Almost every case was complicated by severe contusions and abrasions. Compound fractures, always septic, were very common, especially of the lower limbs, and many of them were gangrenous. The commonest fractures were those of the tibia and fibula; next to these, of the femur. Most of the fractures were on the left side. There were several cases of fracture of the pelvis and spine. It
was noteworthy how comparatively rarely the bones of the upper extremity were injured. There were, however, over twelve simple fractures of the humerus, and a few fractures of the forearm. Only one compound fracture of the upper extremity was met with, and it ended fatally. One patient came in with fracture of the acromion end of both clavicles, but absolutely refused to remain in hospital, although strongly urged.

The best splints were made from the ration biscuit boxes. Each box gave material for six good-length leg-splints with foot-pieces, which were nailed on and strengthened at the angles with perforated zinc.

The most satisfactory bandages were of calico, cut and rolled in the dispensary, where an excellent roller was improvised with a pencil and a tobacco tin.

Dislocations were, on the whole, uncommon. The majority were of the shoulder, and about half of these were fracture-dislocations, the rest being of the ankle, knee, wrist, elbow, &c. Wounds were extremely common, usually multiple, and suppurating. Very extensive scalp wounds were particularly common, and in many cases presented an extraordinary appearance, large areas of bare bone being exposed, and the whole wound quite dry and encrusted. Boric fomentations produced wonderful results towards rapid healing in these cases.

The principal injuries were fractures of extremities: Simple, fifty-seven; compound, thirty-seven; of pelvis or spine, ten. In seventy-five wounds of head and face there were compound fractures of skull, four; of lower jaw, one; and wounds of eyeball, four.

Only two cases were admitted with burns, and in neither case were the burns the chief lesions. There were several cases of paralysis of the lower extremities, with incontinence of urine and feces. Many other cases with varying degrees of partial paralysis were met with, most of whom rapidly recovered.

Constipation was general, and treatment was not always effective at once. One case of interest may be cited. A man was admitted with extreme distension and rigidity of the abdomen; there was a history of eight days constipation. Treatment by drugs and enemata had no effect for four days, but for the next three days semi-solid feces were passed almost continuously, and his abdomen rapidly resumed its normal size.

Two cases were admitted with acute pneumonia, and three cases developed septic pneumonia in hospital. All five ended fatally.

Inanition from prolonged burial and starvation was diagnosed
in cases where no actual lesion could be discovered, and most of these recovered with careful nursing and feeding. It was remarkable how some of these cases, who had been entirely buried in the ruins for five to seven days, lived on with subnormal temperature and practically pulseless for four to five days before they succumbed.

Tetanus was first seen on the afternoon of January 4th (eight days after the catastrophe) in a woman admitted on that day with general abrasions and trismus. She rapidly developed general spasms of increasing severity, with well-marked opisthotonos, and died within twenty-four hours. Seven other cases occurred with the following incubation periods: One on tenth day, one on eleventh day, two on twelfth day, two on fourteenth day, one on fifteenth day. Six of these cases were suffering from traumatic gangrene, four of whom had one of their limbs successfully amputated. This was particularly disappointing, as they had stood the operation well, and were making good progress when symptoms of tetanus developed.

With the exception of the first case, none showed marked opisthotonos; trismus and cervical retraction being the prominent symptoms. Chloral and bromide were the drugs chiefly used, and all possible local foci of infection were drastically treated. A limited supply of anti-tetanin (Tizzoni) was received and injected without success. All cases proved fatal, and ended somewhat suddenly from asphyxia. One died at an early stage from intercurrent septic pneumonia. The average duration after the onset of symptoms varied from one to four days, but one case survived for nine days.

Ten amputations were performed, in every case for traumatic gangrene of the lower extremities. The average time from first incision till the wound was sutured was ten minutes. These patients stood the operation remarkably well, shock being practically absent. Unfortunately, four of them developed symptoms of tetanus shortly after operation, and died. We considered that this result was due to the large amount of tetano-toxin formed in the original wound, and absorbed prior to operation, rather than to continued absorption of toxin from abrasions elsewhere.

There were many more cases urgently needing operation, but consent could not be obtained, and a few cases arrived with gangrene too far advanced. Only one amputation was done by artificial light.
The anaesthetic used for all operations and difficult dislocations was chloroform on lint; administration was easy, and there were no troublesome after-effects.

### AMPUTATIONS.

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Age</th>
<th>Sex</th>
<th>Admitted</th>
<th>Date of operation</th>
<th>Injuries</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>F.</td>
<td>Jan. 2</td>
<td>Jan. 2</td>
<td>Compound fracture both bones left leg</td>
<td>Died; shock, Jan. 3rd.</td>
</tr>
<tr>
<td>2</td>
<td>25</td>
<td>F.</td>
<td>2</td>
<td>3</td>
<td>&quot;Multiple abrasions; compound fracture left foot</td>
<td>Died; tetanus, Jan. 15th.</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>F.</td>
<td>2</td>
<td>3</td>
<td>&quot;Debility; compound fracture both bones left leg</td>
<td>Died; tetanus, Jan. 15th. (symptoms 9 days).</td>
</tr>
<tr>
<td>4</td>
<td>55</td>
<td>F.</td>
<td>2</td>
<td>3</td>
<td>&quot;Debility; compound fracture both bones left leg</td>
<td>Doing well; transferred on Jan. 15th.</td>
</tr>
<tr>
<td>5</td>
<td>45</td>
<td>F.</td>
<td>2</td>
<td>3</td>
<td>&quot; Decompound fracture both bones left leg</td>
<td>Stump healthy; sudden collapse; died Jan. 6th.</td>
</tr>
<tr>
<td>6</td>
<td>40</td>
<td>M.</td>
<td>3</td>
<td>4</td>
<td>&quot;Hecetic and great debility; compound fracture both bones left leg</td>
<td>Doing well; transferred Jan. 15th.</td>
</tr>
<tr>
<td>7</td>
<td>60</td>
<td>M.</td>
<td>4</td>
<td>5</td>
<td>Compound fracture both bones left leg</td>
<td>Died; septic pneumonia; tetanus symptoms Jan. 11th.</td>
</tr>
<tr>
<td>8</td>
<td>44</td>
<td>F.</td>
<td>2</td>
<td>5</td>
<td>&quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
<td>Doing very well; transferred on Jan. 15th.</td>
</tr>
<tr>
<td>9</td>
<td>45</td>
<td>M.</td>
<td>6</td>
<td>6</td>
<td>&quot;Septicemia; compound fracture both bones left leg</td>
<td>Died; tetanus, Jan. 9th.</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>M.</td>
<td>7</td>
<td>8</td>
<td>&quot;Hecetic; compound fracture both bones left leg</td>
<td>Doing very well; transferred on Jan. 15th.</td>
</tr>
</tbody>
</table>

During the short time that the hospital was open, several general cases, unconnected with the earthquake, came for treatment. The number of these increased towards the end of the period, some coming from distant villages with notes from the local doctor. These included: Ischio-rectal abscess; suppurating buboes and venereal sores; heart disease; carcinoma of the breast; spinal caries; tubercular osteitis of femur; dental caries (for extraction), &c. One case of strangulated hernia was admitted, but, unfortunately, operation was declined.

The 35 deaths are classified as: males 14, females 21; due to septicemia, 8; tetanus, 8; multiple injuries, 4; fractures of pelvis and spine, 4; compound fracture of limbs, 4; inanition, 3; pneumonia, 2; shock, 1; and general peritonitis, 1.

The health of the personnel, on the whole, was remarkably good. The most prevalent complaints were septic fingers and septic sore throats; the latter quickly resolved when treated with formalin gargle, freshly made, and generally used somewhat strong, i.e., about 1 in 120.
Nursing in the tents, where so many were bedridden, was very laborious and nauseating, and ignorance of the language made it very difficult to recognise promptly what the immediate wants of the patient were. After three days, however, many of the men understood their patients better than visitors who spoke cultured Italian fluently. Knowledge of Horace is not needed to explain the frequent "cacare" or "cacatura," which the orderly soon learnt was a call for the bed-pan. "Sto moriendo di freddo" was answered by an extra blanket, but very frequently meant a desire to have the tent doors closely adjusted.

<table>
<thead>
<tr>
<th>Date</th>
<th>Admitted</th>
<th>Out-patients</th>
<th>Discharged</th>
<th>Died</th>
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<tr>
<td>January 1</td>
<td>54*</td>
<td>137</td>
<td>7</td>
<td>2</td>
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<tr>
<td>2</td>
<td>89</td>
<td>164</td>
<td>37</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>21</td>
<td>51</td>
<td>5</td>
<td>3</td>
</tr>
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<td>4</td>
<td>17</td>
<td>57</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
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<td>61</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>61</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>36</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>43</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>44</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
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<td>51</td>
<td>98†</td>
<td>3</td>
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<td>1</td>
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<td>68</td>
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<td>3</td>
</tr>
<tr>
<td>13</td>
<td>2</td>
<td>62</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Transfers to Italian Red Cross</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transfers to Italian Red Cross

* Treated by party landed in the afternoon.
† 86 transfers to hospital train of Order of St. John.

NOTE.—About 150 destitute, with slight injuries, received food and casual treatment which is not recorded above.

Physical pain was not the only form of suffering in the wards. A patient awake at night was asked, "Senti molto dolore?" "No, poco." "Perché dormire non posso?" This resulted in anguished weeping for parents, brothers and sisters, all dead; fortunately sympathy can express itself without speech. Each day marked a steady lessening of despairing fears, and, from January 5, most were capable of enjoying any humour that surroundings would provide. "Come si chiamo?" The reply, "Mazza Maria," caused signs of merriment in every face, except the two speakers. The
lady had her head bandaged, and was really suffering from con-
tused wounds all over the body. Her surname was appropriate.

“Sorella, sorella mia!” the plaintive oft-repeated cry of female
patients, made us again feel thankful that our own nursing sisters
were with us, though their presence was as helpful among the
out-patients as in the wards.

On the evening of January 3 the Staff was unexpectedly in-
creased by two doctors (one a lady), three nurses and a secretary,
sent by the Roman Relief Committee to Messina. They had arrived
there on the 1st, were sent across to the British Naval Hospital
at Villa San Giovanni on the 2nd, and their arrival at Catona
seemed opportune, as there had been 174 admissions and about 300
out-patients during the first thirty-two hours. Work in the wards
remained heavy, but the number of fresh cases next day and after-
wards was at no time excessive.

The general improvement in spirits synchronised with the first
issue of fresh bread, a boon to all concerned, for much trouble had
been taken to prepare ration biscuit in various ways, but without
success, as they were not appreciated.

Curiously enough, in a district where thirty delicious oranges
could be had for a penny, marmalade was detested, and when
spread on bread was either picked off or subsequently ejected from
the mouth.

On January 7 a quantity of fresh meat and vegetables was pro-
vided by the Italian authorities, and supplied thereafter daily, but
there was greater joy next day when the Italian cruiser “Re
Umberto” landed a supply of macaroni, a want long felt in the
wards.

A severe “scossa” occurred about 7.15 p.m. on the evening of
the 7th, and several patients endeavoured to drag themselves out-
side the curtains. Some of the cracked walls in the town collapsed
with a crash, and the dagshais on our cookhouse fire chattered.
The maximum duration cannot have exceeded eight seconds, but
it was the severest we experienced during our stay, although there
were two or three distinct tremors almost daily.

The hospital was inspected on the 5th by the British Admiral
Commanding in Chief; on the 6th by the General Officer Com-
manding Reggio District; on the 7th by H.R.H. the Duke of
Genoa, and on the 11th by H.R.H. the Duke of Connaught, who
sent a most generous supply of comforts for the hospital staff.
These gifts of His Royal Highness were very much appreciated.

On the 12th a large consignment of very useful clothing arrived
from the Malta Relief Fund, and was handed over to the Commandant for distribution to the neighbouring villages.

The catastrophe had for the time abolished class distinctions; rich and poor, peasants and gentlefolk, lay side by side. In most of the wards there were one or two who assisted in making intelligible the words of others who only spoke the dialect of the hill country. It soon became apparent that more than one half of the number would require prolonged treatment in a permanent hospital, and when the railway line was re-opened the Military Commandant at Catona applied for an ambulance train, which came in the early afternoon of January 12th, organised and administered by the Order of St. John of Jerusalem, with headquarters at Milan. The Commandant supplied soldiers as bearers between camp and train, and the entraining was done most methodically and gently, the carriages being grouped in pairs, separated so that each carriage had an open space at one end for receiving stretchers. The squads left camp in batches of five, and the transfer was completed in a little over two hours.

Many patients or their relatives, or both, had a suspicious dread of being taken away, and in several cases bedridden patients were taken back to the family orange groves, where rough shelters were being made close to the ruins of their home, rather than submit to transfer to Naples or further north. A few were actually taken off the train after transfer. Some were brought back next day for re-admission by relatives sincerely regretting their impulsive action. A good wooden hut built by the Zappatori of the Catona detachment had been opened on January 6th, for female patients marked "convalescent," and for the surviving and homeless "Figlie dell’Immacolata" from the wrecked Orphanage in Salice. On the morning of January 14th these Sisters of Mercy moved into a hut specially prepared for them in the town. The Sappers rapidly laid a tufa brick floor in the convalescent hut, which was now large enough to accommodate all the female patients, so as to facilitate their transfer, as arrangements had been made for an Italian Red Cross party to come and take over our duties.

This party arrived, well equipped, from Perugia at dusk on the 15th, and very shortly afterwards H.M.S. "Lancaster" came to embark us at once for Malta.

Three search-lights were turned on the camp, and about 180 men landed as working parties. Five hours later the "Lancaster" weighed for Malta, and we felt regret at leaving good friends so suddenly. The Commandant had throughout given us every
possible assistance, and good comradeship had rapidly developed amongst all ranks. The British officers and nursing sisters had accepted an invitation to dine with the officers on the following evening, and had reluctantly to forego the pleasure.

On January 16th we arrived at Malta about 11.30 a.m.; H.R.H. Field-Marshal Commanding in Chief came on board ship. All the officers and nursing sisters had the honour of being presented and His Royal Highness was graciously pleased to express his satisfaction with the work that had been done. Disembarkation began after the men had dinner, and was completed shortly after 5.30 p.m.

In conclusion, I wish to thank Major Crawford, Captain Winckworth, and brother officers for much valuable assistance in preparing this report.