finely-chopped onion. Mix a teacupful of breadcrumbs with the minced liver and bacon. Beat up one egg and stir it into the liver mixture, flavouring the whole with a little tomato sauce. Wrap it in grease-proof paper, and cook in a steamer from one to one and a half hours. Let it get cold and eat it as a sandwich, or in place of cold meat. This is a useful preparation when travelling.

Risotto.—Boil some rice in the ordinary way. Cut the liver into dice of about half an inch, and cook in a savoury sauce, tomato for preference. Place the cooked rice in a hot dish, making a hollow in the middle. Put the liver into this. If preferred, the liver may be sprinkled with lemon juice and lightly fried. In this case a well-flavoured sauce should be served to pour over the rice. Cooked macaroni may be used in place of rice.

Stuffed Potatoes.—Bake or boil two large potatoes in their skins. When cooked cut off the upper third. Scoop out one-third of the potato. Into the space thus formed put minced liver, previously cooked in brown gravy and well seasoned with ketchup and lemon juice. Mash the removed potato, and use some of it to form a cap to the liver. Place a thin slice of bacon over the top, and put them into a hot oven for three minutes.

Chicken and Liver Fricassée.—Minced liver mixes well with chicken fricassée prepared in the ordinary way.

Toad-in-the-Hole.—Liver may be used in this dish in place of beef. When making the batter stir in a teaspoonful of ketchup. Cold cooked liver and potato salad made with mayonnaise is excellent for an occasional change, but contains too much oil to be used frequently.

With experience other recipes will suggest themselves to the interested cook, and the anaemic brother will bless her ingenuity.

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Echoes of the Past.

THE MEDICAL DEPARTMENT IN THE CRIMEA.

By Lieutenant-Colonel G. A. KEMPTHORNE, D.S.O.
Royal Army Medical Corps.

In March, 1854, the Director-General of the Army Medical Department received orders to provide “medical necessaries” for a force of 25,000 men ordered to the East to co-operate with a French army against the Russians, who had invaded the Turkish Danubian provinces. We were embarking light-heartedly on a great European war with an army deprived, owing to successive economies, of the services necessary to maintain it in the field, and administered by a system, evolved in peace time, which under war conditions was quite unworkable. The wagon train had been abolished, supply arrangements had passed into the hands of Treasury clerks, and
the medical service, except as regards the provision made for the regimental establishments, was unorganized for war. The medical staff at this time comprised the director-general, 4 inspector-generals, 11 deputy inspectors, and some 163 officers graded as first- and second-class staff surgeons and assistant staff surgeons, distributed in garrisons all over the world.

Dr. Andrew Smith, "the able and laborious chief of the united army and ordnance medical departments," as Kinglake described him, had spent the greater part of his army life as regimental surgeon at the Cape, when, on the recommendation of Sir James MacGrigor, he was appointed to succeed him three years before. "He was never over-ruled when nomi-

1 Staff surgeons were divided into two classes in 1840. Regimental surgeons ranked with second-class staff surgeons.
nating for medical offices and commissions, but in other respects he had little or no authority, and lived always in subjection to several departments of state . . . his powers to command unquestioning obedience from administrators of inferior grade could hardly be said to extend beyond the six desks of his clerks."'

In the emergency Dr. Smith called for the office records of the Peninsular War, but none could be found. Medical stores were ordered from Apothecaries' Hall and Savory and Moore, regimental equipment was completed where necessary, and an additional assistant surgeon was given to each regiment of the force, bringing the number of surgeons up to four.

At the same time deputy inspectors or first-class staff surgeons were appointed to divisions, and three or four staff surgeons or assistants to brigades. For the Inspector-General of the force he chose Dr. John Hall who had had some recent war experience as Chief of the Medical Department in South Africa during the Kafir War, where he had won the approval of McGrigor and the confidence and friendship of Sir Harry Smith, the Commander-in-Chief. He had to be brought home from Bombay, where he was now serving, and consequently arrived unduly late. Two senior officers, David Dumbreck and William Linton, were despatched at once to Bulgaria to study the diseases of the country.

Dr. Smith then proceeded to point out that a corps of able-bodied men

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1 Kinglake, "The Invasion of the Crimea."
would be needed to carry the wounded off the field, that ships properly fitted as ambulance transports must be provided, and that a fighting kit should be authorized for the soldiers in place of their full dress. The first was so far accepted that a Hospital Conveyance Corps was hurriedly got together and provided with some ambulance wagons designed by Dr. Smith himself. It was not composed, however, of able-bodied men, but of aged pensioners and others considered unfit for the combatant ranks. The two latter recommendations were ignored.

By May the expeditionary force had arrived in Turkey. The 3rd Division was camped on Gallipoli, the 1st, 2nd, Light Division, and cavalry round Scutari. Each division was about 5,000 strong, consisting of 2 brigades, each of 2 battalions, and 2 field batteries. At Scutari the greater part of the Turkish military hospital was handed over to our use, but, so long as the Army remained there the sick were treated in their regimental hospitals.

In June, the French having arrived, the armies moved to Varna, on the Black Sea, one of the French divisions by land, all the remainder by ship. The sick left behind were transferred to the General Hospital, mentioned above, which was allotted for 800 patients. This was in charge of Deputy Inspector Alexander Menzies, who, in virtue of his seniority, became P.M.O., Scutari.

While the move was in progress, Dr. Hall arrived from India. The staff had left, and there was no one to enlighten him as to how the military situation was likely to develop. In any case, proposed military movements were not considered the doctor's business. He was informed that money had been allotted to convert the lazaretto at Abydos on the Dardanelles into a military hospital, and he urged that the work should be started. He also recommended that part of the great Turkish barrack at Scutari should be cleaned out and made ready to receive patients. Two hulks anchored off Scutari were to be provided for convalescents.

Reaching Varna on June 27, he found between 40,000 and 50,000 men encamped in the neighbourhood. The Russians had retired across the Danube and no fighting was in prospect. He found much to criticize in the position of the camps of some of the British troops, which were on malarious ground near the lake, but, on Lord Raglan submitting his remarks to the divisional commanders, they alleged military objections to moving. The Army remained fairly healthy, however, until the middle of July, when cholera appeared. The disease had started on the French transports in the Mediterranean, had been present among the divisions quartered on Gallipoli, and had pursued them on their march through Bulgaria. At this time they had already had 10,000 cases. By August 19 we had lost 532 men, and the infection had spread to the Fleet. At the

The sites appear to have been selected by the British Consul with a view to operations in Bulgaria.
same time many cases of malaria and dysentery had occurred. The Fleet put to sea, and the camps were moved. By the first week in September the outbreak had subsided, but the men generally were greatly debilitated. The prospect of a move to the Crimea, which by this time was being openly discussed, was welcomed by the officers generally, including the doctors, as affording a cool sea voyage and a removal to a healthier shore. Dr. Hall, in a private letter home, wrote, "Whether we shall go or not I cannot tell; certainly the men might as well be killed there as die of cholera here." He then made his will.

The troops' rations were increased from 1 pound to 1 1/2 pounds of meat a day, and rice was added. Contrary to his own convictions, but in deference to the opinion of others, the Inspector-General concurred in recommending a rum ration. Many of the medical officers considered it would prove a valuable remedy against cholera, and it was issued freely during the campaign. It was only late in the war that any attempt was made to improve the methods of cooking. Food was disgracefully prepared in most units, and this contributed to ill-health.

The ambulance corps, consisting of three officers and 300 men with their wagons, arrived at Varna towards the end of July, where their senility and habitual drunkenness at once excited unfavourable comment. They were not employed at the landing in the Crimea, but, after losing twenty-five of their number from cholera, they eventually reached Balaklava by sea. Some of them were present at the battle of Inkerman, where one was reported seriously wounded, after which they are no more heard of. Their transport vehicles included twelve large ambulance wagons, designed by the Director-General, which later found their way to the front, and did good service until they were wrecked in the Crimean mud. Each provided for six patients sitting and four stretcher cases, and was drawn by six mules. The driver wore artillery undress uniform. The objection to this wagon was its great weight.

On July 16 Lord Raglan received a despatch from the Home Government suggesting that the allied armies should invade the Crimea and occupy the naval arsenal of Sebastopol. Though hardly anything was known either of the force of the enemy or of the nature of the country, the Commander-in-Chief considered it his duty to fall in with the wishes of the Cabinet, and began to make preparations accordingly, in concert with Marshal St. Arnaud and Admiral Dundas, who commanded the British Fleet.

As soon as it became obvious that some such operation was contem-
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plated, but in entire ignorance of any details, Dr. Hall submitted a list of medical requirements "in the event of the Army embarking in force." These included 336 canvas stretchers, each with 2 bearers, of which 432 were to be found regimentally and 240 by the ambulance corps; 2 large store wagons for the headquarters of each division, with 2 smaller ones for each brigade; for each regiment a spring cart or wagon, and a pack horse to carry the medical panniers. The large store wagons were to be in charge of a purveyor's clerk at headquarters, and to contain a reserve of medical comforts, tents, and bedding. He also recommended that a number of steamers should be fitted up as hospital ships. The twelve large ambulance wagons he also assumed would accompany the force.

The plan, however, worked out by Lord Raglan's staff, and not apparently communicated to the Head of the Medical Department, involved a landing on the open beach, a rapid advance on the town and an immediate attack from the northern side. No base was to be formed on landing, and no communications in rear kept up. The Army would, however, be more or less in touch with the Fleet during the march, which, given suitable weather, could approach the coast at the exits of the rivers, land supplies, and take off sick. Transport to be embarked was cut down to an absolute minimum. Two steamers, the "Cambria" and the "Andes," ordinary transports, were told off as hospital ships, but during the voyage out were used for the conveyance of troops and were not specially prepared or fitted for the purpose. The steamer "Kangaroo," with a sailing ship in tow, was provided for immediate needs. The Inspector-General was given little detailed information about the dispositions made by the Quartermaster-General. Of the medical transport, the ambulance wagons appear to have been actually embarked, but were put back on shore before the ships sailed. It is probable that the naval officers considered them too unwieldy to land on the beach.

Laying aside the possibility of the Army leaving the coast, which it actually did, and the cholera outbreak on landing, the transport asked for, had it been provided, might reasonably have been expected to provide for casualties on the march and carriage to the ships' boats, though difficulties were increased by the French taking the seaward flank and making our line of march always two to four miles from the shore. While somewhat differently organized, it was roughly equivalent to that provided in the latter days of the Peninsular War.

As regards the medical officers who accompanied the troops, in addition to the 4 with each regiment, each division, consisting of 2 brigades or 4 regiments of infantry with a proportion of artillery, had a medical staff of about 7 officers. This included provision for sick convoys, for a certain number of surgeons who might have to be left behind temporarily with the sick and wounded, and for a nucleus staff for such general hospitals as might have to be formed.

The directions issued by the Inspector-General for the regimental
medical staff were that, when the troops advanced to the attack, one assistant surgeon should follow to render first aid, while a second should supervise the carriage of the wounded back to an aid post, formed out of musket range by the surgeon and the third assistant. Should the advance be continued after the engagement, the surgeon, with at least one assistant, was to follow up the regiment, leaving one or two assistants to aid the divisional staff who would pitch the reserve marqueses. Some advice on the treatment of wounds followed, and then some rather unfortunately-worded remarks on anaesthetics, which caused considerable comment in England: “Dr. Hall takes this opportunity of cautioning medical officers against the use of chloroform in the severe shock of serious gunshot wounds, as he thinks few will survive when it is used. But as public opinion, based on mistaken philanthropy, he knows is against him, he can only caution them and entreat that they will narrowly watch its effects, for, however barbarous it may appear, the smart of the knife is a powerful stimulant, and it is better to hear a man bawl lustily than to see him sink silently into the grave”!

The 4th division having arrived from England, the two armies were embarked and assembled in Baljik Bay on September 7. The troops marching down to the harbour brought with them 2,000 sick, some of whom found admission to the general hospital in the Turkish barracks, others were sent to Scutari, and the remainder were put under canvas. As no time-table or order of embarkation was communicated to the medical authorities, some of the ships had several medical officers on board, others none. In some of the latter cholera cases occurred during the voyage. In two of the ships there were thirty-three deaths.

On September 14 the troops began to land on a narrow strip of land between the sea and Lake Kamishlu, six miles north of the Bulgenak River and thirty miles from Sebastopol. The landing was unopposed. The transport mules for the first ammunition reserve accompanied the force, and sixty carts for supplies. For the rest, it was hoped to secure country carts on landing. Three hundred and fifty were obtained, and of these five bullock wagons were handed over to the I.-G. for his medical stores. No transport, medical or otherwise, was allotted to regimental units, but some of the field officers managed to secure ponies for their kit. Owing to bad weather it was five days before the landing was completed. The first night on shore the men, who were without tents, got wet to the skin. The soil was sandy and barren, and the shallow wells which were sunk no doubt became quickly contaminated. Numbers of fresh cases of cholera occurred, including several in the regiments of the 4th Division, which had never landed at Varna and had arrived in good health. Between seven and eight hundred men were re-embarked. The march commenced on the 19th. The men wore the regulation full dress tunic with tails, serge trousers and ankle boots, pipe-clayed cross belts, stocks and heavy shako. The officers were
equally unsuitably dressed in tight coatees, with gold wings on the shoulders.\footnote{Designs had already been brought out for replacing the swallow-tailed coat by a tunic. The regimental medical officers wore the same dress as the combatants, except that they had black instead of gold lace. In November the uniform of the staff surgeon was ordered to be a tunic or frock with a slight display of gold lace, facings and cuffs black velvet. Trousers black with a narrow gold cord, or, in undress, a scarlet stripe. Cocked hat with a small green plume. The R.M.O.'s were to have an almost similar uniform, but with regimental facings. [Vide Lancet, November 18, 54.]} Packs had been left on board, but each man started with a great coat, blanket, socks, and spare pair of boots. Both officers and men had three days' supply of salt pork and biscuit, and, besides their canteens, had their Flanders kettles with them.

The 21st Royal North British Fusiliers, one of the units of the 4th Division landed with its surgeon, David R. MacKinnon, 3 assistant surgeons, and all its medical equipment complete; 2 marquees, 36 sets of bedding, hospital canteens, medical comfort chest, store chest, fracture box, pair of medical panniers, pack saddle, and 8 stretchers. All except the comfort box, panniers and stretchers were re-embarked. The last were handed over to the bandsmen, who were already cumbered with their instruments, and the panniers and comfort box were loaded on to a private ox wagon belonging to Sir George Cathcart, the divisional general, while the surgeons filled their pockets with what stuff they could carry with them.

The regiment had already had five deaths from cholera, and two more occurred that day. The march was parallel with the coast, the French right resting on the sea, their flank covered by the Fleet. The weather was hot, and the want of the water mules was severely felt. On reaching the Bulgenak River, where the army bivouacked for the night after a six-mile march, there was a general stampede for water. The line of march was strewn with discarded blankets and great coats. Men who fell out were left by the wayside in the vain hope that they might be brought on by the ammunition wagons. The Cossacks hung about the left flank and rear. During the day our cavalry screen was in touch with the enemy.

The Russians had taken up a position on the chain of hills rising from the left bank of the Alma River. This position was assaulted by the Allies the following day. The French attack was misdirected, the brunt of the fighting being borne by the British infantry, who advanced over a front of about two miles in line. The battle lasted from 1.20 to 5 p.m., when, after severe and incoherent fighting, the enemy retired in disorder. Our casualties in a force of 25,000 were 362 killed and 1,621 wounded.

The position of the medical officers during the battle seems to have been according to the instructions previously issued. The aid posts of the assaulting battalions were advanced to the river bank, the bandsmen acting as stretcher bearers. The first man killed was a drummer who was carrying a stretcher. \textquoteleft\textquoteleft He was struck by a round shot which bounded slowly
along the ground and hit him with a peculiar squashing sound on the hip. He fell broken in two, and never moved again."¹ The wounded, among them several of the Russians, were collected in a vineyard where two of the three marquees were pitched. But the majority of the wounded were laid out in rows on straw in an open yard. The divisional P.M.O.'s were busily occupied as consulting surgeons, and in performing capital operations. The whole of the administrative arrangements seem to have been dealt with personally by the Inspector-General. There were, of course, no operating tables. Alexander, of the Light Division, considered himself fortunate in securing a door which had been taken off its hinges, but most of the operations were done on the ground. As the work of dressing wounds and amputating limbs was completed, the patients were removed to the shore, some three miles off, a medical officer stationed at the exit of the enclosure having first satisfied himself that they had been attended to. Meanwhile, men were still coming sick with cholera. A thousand blue-jackets were landed from the Fleet with stretchers and hammocks, one or two arabas were made available, and some ponies with cacolets were borrowed from the French, who themselves had few wounded. It was the evening of the 22nd before the work was finished, during which time the whole Army remained bivouacked on the heights.

The embarkation of the wounded was carried out under the superintendence of the naval doctors. Two of the transports had been supplied with medical and surgical appliances and stores, and two medical officers each. Others for which there were no preparations made were now requisitioned. The special correspondent of the Lancet volunteered to proceed to Scutari on the "Colombo" with 650 wounded and sick. The three surgeons on board spent the whole voyage cutting off arms and legs.

The burial of the dead was entrusted to the 4th Division troops. The Colonel of the 21st, in a letter to his brother wrote: "We remained behind to bury the dead, and what with the putridity of the battlefield, the terrible damps at night and heat by day, we suffered severely from cholera. We landed 901 rank and file, but we have now not 700, all the rest either sick or dead." They had been on the extreme left during the battle and had only one casualty.

On the morning of the 23rd the Allies advanced seven miles to the Katcha River. When the rearguard marched, the Russian wounded, of whom some 500 remained on our hands, were left, after having been collected at one spot. One assistant surgeon, Thomson of the 44th, was detailed to do what he could for them. His only assistant was his batman. If their condition was anything like that described by Kinglake, it reflects badly on our medical organization, though the cholera epidemic with the casualties among our own men from the battlefield, we may well believe, kept the medical staff working at high pressure. As it was, the 500 Russians

¹ Russell.
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and two Englishmen were left three days and three nights on the ground.

"From time to time during those three days, and to the utmost of their bodily strength, Dr. Thomson and his servant laboured to part the dead from the living, to heave the corpses away, and get them more or less underground; but, when at last succour came, our seamen had to lift out as many as thirty-nine bodies, some in part decomposed, before they could get at the living." The wounded Russians who survived were handed over to the Governor of Odessa, under a flag of truce, in the most miserable condition. Dr. Thomson paid the penalty for his devotion. He contracted cholera, and died on landing at Balaklava.

Among the medical officers present at the Alma, six rose to be Director-General. Thomas Alexander, of the Light Division, James Brown Gibson, the Duke of Cambridge's personal medical attendant, T. G. Logan, of the Highland Brigade, W. M. Muir, T. Crawford, and W. A. Mackinnon, the last three regimental surgeons. Among others who subsequently rose to fame was Thomas Longmore, surgeon of the 19th Foot. Except for a reference to the Inspector-General, the services of the Medical Department during the battle were ignored in Lord Raglan's despatch, a fact which caused some comment. Sir James McGrigor, who in his retirement followed with the keenest solicitude the fortunes of the Department, secured a small pension for Thomson's mother, and by his efforts a monument was put up to his memory.

On Sunday, September 24, a further advance of six miles was made, and from the high ground between the Katcha and the Belbek Rivers the men looked down on Sebastopol. The night was spent among the fruit gardens and orchards of the Belbek Valley, within gunshot range of the suburbs. The French were now, however, unwilling to face an immediate assault on the northern defences, and it was decided to march round to the south of the town. The 4th Division remained a further twenty-four hours on the Belbek as a covering force, while Lord Raglan led the remainder of the troops by a twelve-mile march as far as the valley of the Tcheinaya. The sun was hot and the distress of the men very great, numbers being left by the roadside. Meanwhile the main Russian army was evacuating the town, leaving its defences to the sailors of the fleet. The two armies, each intent on its own purpose, crossed each other's front without realizing it and narrowly escaped collision.

The sick left behind on the 25th were sent back from Belbek to the mouth of the Katcha River in some empty transport carts which now became available, and got through unmolested. The safe arrival of the convoy was due to good luck and the presence of mind of one of the medical officers, Surgeon Inlong, who was being evacuated as a patient. A party of Cossacks at one period of the journey were bearing down on them when this officer

1 Kinglake.
turned out all the most able-bodied of the sick and brought them into military formation, on which the cavalry made off.

On the 26th the port of Balaklava was occupied, and positions were taken up on the heights above the town of Sebastopol on the south. Here Cathcart’s troops joined the force, among them the 21st Fusiliers, some of whose experiences have already been recounted. During their march the cart on which the panniers and bell tent had been loaded was continuously behind. Two nights it failed to turn up at all, when the C.O. and second in command gave up their private tents. The comfort box was thrown off to lighten the load. Of those who fell out, twenty-nine men were entirely lost sight of and were returned as missing. The admissions recorded in the books of the regimental hospital for the last fortnight of September were 181. Of these 130 were for cholera, and there were 27 deaths.

Among the senior officers of this regiment was Lord West, a soldier much in advance of his time, who succeeded to the command after the Colonel was killed at Inkerman. He gave his views on certain aspects of the medical services to the commission which sat in 1856. He referred to Surgeon McKinnon as one whose unremitting attention to his duties during the campaign deserved the highest praise. His only criticism was that, as surgeon, he had too little disciplinary control over his assistants, and expected the C.O. to issue his orders for him. This probably might have been said of most of the other regimental surgeons before Sebastopol; for at a time when medical officers enjoyed officially no power of command at all, it is not surprising that the surgeon should have been regarded by the assistant surgeons more in the light of a senior partner than a commanding officer. In Lord West’s opinion the surgeon should be treated in every respect as a field officer, even to the extent of granting him substantive rank if necessary. He stated that he never got any help from medical inspecting officers, who seemed to possess no powers whatever.

The victory of the Alma gave the Allies the run of the Crimea with all its resources to draw upon, could they have availed themselves of it. Had it been followed up at once there is good reason to believe that they might have entered Sebastopol on the heels of the retreating and demoralized army. Even after the flank march, a determined concerted attack might have carried the town. But this was not to be. They sat down in a corner with their backs to the sea, a fortress on one side, whose strength, under the genius of Todleben, was daily increasing, while the enemy’s field army was reorganizing itself for an attack on the other. They were in fact besieged themselves. All supplies for the British Army had to be collected overseas and brought to the little harbour of Balaklava, where there were the poorest facilities for unloading, and none for storage. The position on the heights, where the troops were now engaged in throwing up defences,

1 The French base was at Kamiansh Bay and was far the best of the two.
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was seven miles away, and the connecting road a mere track, impassable after heavy rain for wheeled traffic. A general hospital for about 100 patients was formed in the village school at Balaklava, but the main source of medical aid was to be looked for in the regimental establishments on the heights. Here the surgeons laboured under great difficulties. There was most inadequate shelter for the sick, and no medical store depot nearer than Balaklava. The 21st received thirty-two bell tents about ten days after their arrival, of which one was allotted to the hospital. They also had a share of the divisional marquee. It was not until December that one of their own marquees was recovered from the ships, and the surgeon was able to utilize the twenty field-cots and mattresses he obtained towards the latter end of October. The sick were meanwhile left in their own overcrowded tents. Fortunately, for the first four weeks the health of the men showed an improvement. There were 198 admissions and only seven deaths.

The work in the trenches was most severe. The nights in bed worked out at five in fourteen. There was no water for washing, the vermin on the men's bodies is described as being as thick as writing on the page of a letter. The fuel on the spot was soon exhausted. In the absence of camp kettles, discarded on the march, many men consumed their pork raw rather than going to the trouble of cooking it in their mess tins. Nevertheless they kept cheerful, sustained by the hope that the siege train, when it arrived, would make short work of the Russian defences.

Despite allegations to the contrary, there seems to have been no scarcity of medical officers to attend the sick and wounded at the front. The number with the divisional troops was, in fact, not far short of that at the present day, and considerably greater than in the Peninsular war. The obvious disadvantage of the regimental system was that, during active operations, while some were entirely idle, others might be overwhelmed with work.

The advance on Sebastopol was planned as a raid. The distance was only thirty miles. Success and even the safety of the armies depended on speed. The sacrifice of transport for sick and medical stores on military grounds would have been amply justified by success. The enemy, thanks largely to incompetent leadership, was badly beaten in the field, but the victory was not followed up, and a movable column was set down to carry out a winter siege. Owing to the lack of forethought which characterized the whole undertaking, it was weeks before it could be properly equipped for the purpose. In the interval, sick and able-bodied alike had to endure intense misery.

All provision for the sick was rendered extremely difficult by the isolated position of the different departments, including the Naval Transport Service, which were concerned in dealing with them. The Inspector-General had no power of independent action in his association with these departments, and the staff had not the ability, or in some cases even the
power, to co-ordinate their work. To this must probably be ascribed the muddle in arranging for and equipping the hospital ships, the shortage of medical officers in some of them, and the mislaying of medical stores. Apart from this, however, the Head of the Medical Department never seems to have received timely information regarding proposed military movements or to have been given much chance of advising or providing for future eventualities. This point was raised during his examination before the Royal Commission, but conveniently shelved.

(To be continued.)

Current Literature.


This volume is a general review of the vital statistics for 1926 published by the Registrar General in “Tables, Part I Medical” and “Part II Civil.” (This Bulletin, 1927, v. 2, 1018).

From 1861-65 till the end of the century infant mortality did not fall at all. Since 1900 the mortality has declined to less than half. Reduction has been much greater in later than in the first month of life, each of the higher ages record a fall of about 50 per cent. since 1906-10 against 21 per cent. in the first month. The fall of 8 per cent. in total infant mortality in 1926 as compared with the preceding quinquennium was chiefly due to a decline in mortality from bronchitis and pneumonia, congenital debility, premature births and convulsions. A decline of 74 per cent. since 1901 in mortality attributed to congenital debility was probably largely due to transference of certification to premature birth.

Maternal mortality has remained practically stationary during the last 16 years. The birth rate of 17·8 per 1,000 population was the lowest on record with the exception of the worst of the war years, 1917 and 1918. The present fall “has no doubt been occasioned by the same cause as was responsible for much of the decline in the marriages of 1926, viz., the prolonged coal dispute of that year, and its effect may therefore be of a temporary nature only.” The birth rates of England and Wales since 1911 are compared with those of other European countries.

The fatality rate for enteric fever in 1926 was lower than for any year except 1924. The fatality rates for scarlet fever and poliomyelitis in 1926 were the lowest since 1911 and those for smallpox and diphtheria were much the same as in 1925 and lower than in any preceding year. The age distribution of measles mortality in relation to geographical area is discussed. Almost two-thirds of the deaths occurred during the first and second years...