

THE WAR.

THE FRENCH ARMY MEDICAL SERVICE: RECRUITMENT, ORGANIZATION, AND WORK.

THE organization of the French Army Medical Service has naturally become a matter of considerable interest to medical men in Great Britain, owing to the great demands of the army upon the medical profession in this country.

It should be said at the outset that in certain respects the French Army Medical Service has not reached the stage of development attained by our own. The status of the French Army Medical Service (*Service de Santé*) has, indeed, exercised the minds of responsible politicians and publicists in France for the last two years or more, and it is now being urged that certain proposed reforms in central army administration afford an opportunity to remedy defects which, though their existence had been pointed out during peace, have become more obvious during the war. The main criticism is that the regulations do not permit sufficient authority to army medical officers, and that they are handicapped before an offensive by not being made fully acquainted with the proposals of the General Staff. It is said that all the information administrative medical officers receive is that they are to establish a certain number of beds in a certain place and evacuate their wounded by a certain route. Military operations are full of uncertainties, and it has happened that the information supplied proved insufficient to enable the administrative medical officer concerned to form a correct judgement; consequently his units have not always been available at the places where it turned out they were most wanted. The reformers urge that the chief administrative medical officer should be in direct relation with the general officer commanding, and that each general officer should have a medical officer upon his staff. Summing up the matter in a recent article in *Le Journal*, M. Lucien Chassaing says that the wounded man should be under the sole control of the military medical service. "His collection, his transport, his evacuation, his hospitalization ought to be carried out by a single responsible service possessing the necessary powers." Incidentally it is mentioned that over 500 military medical officers have died in the field, and that the proportion of losses in the personnel of the *Service de Santé* is smaller only than that of the infantry.

With these preliminary observations, we may proceed to give some account of the French military medical service and of the manner in which it is recruited and works.

Medical students and medical men were, before the war, liable, like all other men of every class and calling, to military service, and the whole position was, in fact, at the beginning dominated by this fact.

The liability of a Frenchman to serve as a soldier commences on his 19th birthday and lasts for twenty-eight years. Of these years, three are spent in the regular army, eleven in the reserve of the regular army, seven in the territorial army, and seven in the reserve of the territorial army.

All classes of soldiers back to those whose liability to service commenced in 1887 have been called up; so with the exception of men declared unfit for any form of service, or exempted because they pursue certain trades or occupations, practically all Frenchmen under the age of about 50 are serving either with the army or in the auxiliary service. The auxiliary service consists of men regarded as permanently unfit for active service but capable of doing work for the army (in army workshops and various occupations of a civilian type).

Medicine is not one of the reserved occupations, so neither medical men nor medical students as such enjoyed any initial advantages. When the general mobilization took place at the outbreak of the war, all medical men up to the age of 49 not specially exempted were called up, and there was, of course, at once a shortage of doctors on the civil side.

Organization before the War.

The French army medical service (*Corps de Santé*) consists of medical officers and pharmacists.* Here

attention will be confined to the medical officers. The four senior ranks—*médecin inspecteur-général*, *médecin inspecteur*, *médecin principal de première classe*, *médecin principal de deuxième classe*, the latter holding the relative rank of lieutenant-colonel—numbered on a peace footing 120. The next grade was that of *médecin major de première classe*, with the relative rank of battalion commander—they numbered 340—and *médecin major de deuxième classe*, having the relative rank of captain, and numbering 510. Then followed *médecin aide-major de première classe*, with the rank of lieutenant, numbering 406, and *médecin aide-major de deuxième classe*, with the rank of second lieutenant, numbering 100. In addition there were the *médecins auxiliaires*, medical students of a certain standing, who acted as assistants to *médecins aides-majors*, and held a kind of warrant officer rank. In addition there was a body of quartermasters, who discharged duties appertaining to that rank, and, under the senior medical officers, commanded the rank and file of the *infirmiers militaires*. The *infirmiers* detachments were composed of men and N.C.O.'s in the proportion of one sergeant to every ten men, and two corporals to every sixteen men of the section. The *infirmiers* are recruited either directly or by transference from other branches of the service, and receive special instruction in hospital administration and in the individual care of the sick and wounded. Fighting units also have hospital orderlies and stretcher-bearers; in addition there are ambulance stretcher-bearers.

As has been said, all Frenchmen are liable to military service. In the case of medical students, after serving one year in the ranks, a man who wished to join the regular army medical service might become an army medical cadet; to do this he must have been successful at a competitive examination for admission to the medical cadet school. After four years at the school, during which the regular curriculum of a medical faculty was followed, with the examination for Doctor of Medicine at the end, a cadet was commissioned as *médecin aide-major deuxième classe*, and was given a special course of instruction in military medicine, after which he was appointed to a regiment. A medical student who did not wish to join the regular army medical service, or failed to obtain a place at the cadet examination, might become a *médecin auxiliaire*. The curriculum of a medical student in France is punctuated by "inscription" at certain stages; there are sixteen such inscriptions, and with his fifth inscription—that is to say, in his second year—a student is expected to begin hospital attendance. Formerly a medical student could not become a *médecin auxiliaire* until he had twelve inscriptions, but this was subsequently reduced to eight.

Changes during the War.

Since about May, 1915, the position of medical men and medical students has been somewhat altered, so far as those who have not been allotted (on account of their physical condition) to the auxiliary service are concerned.

Under present regulations a medical student with four inscriptions for the doctorate standing to his credit has a right to ask to be attached to the *infirmier* division of the army medical service. If he has eight inscriptions he is eligible for employment as a *médecin auxiliaire*. A *médecin auxiliaire* can be promoted to the rank of sub-lieutenant—that is, *médecin aide-major deuxième classe*—provided (a) that he is a student with not less than twelve inscriptions for the doctorate standing to his credit; (b) that he has already served for not less than six months at the front; (c) that he has been wounded or mentioned in dispatches, but if wounded remains fit for active service at the front; (d) that he is recommended medically as being possessed of the knowledge necessary for the work of an officer of this rank.

Other medical students eligible for the rank of sub-lieutenant are (a) students of the military and naval medical schools who have sixteen inscriptions to their credit; (b) ordinary medical students who, besides having sixteen inscriptions to their credit, have been successful at a competition for the position of *interne*, and have served as such for a year; (c) those who have only twelve inscriptions, but have been successful at an *internat*, and have served as *internes* for more than a year; (d) students with sixteen inscriptions to their credit who have served for six months at the front and have been mentioned in

* See Surgeon-General Macpherson's *Handbook of the Medical Services of Foreign Armies: France* (1908).

dispatches; (e) students with sixteen inscriptions to their credit who have completed their five years, but still have to pass the final examination for the doctorate.

It is reported that the supply of medical students of sufficient seniority to serve as *médecins auxiliaire* is getting very very short, although the medical schools are still nominally open.

Fully qualified French and foreign medical men, without respect to previous service, are also eligible for temporary rank as sub-lieutenants. At the beginning of the war a good many medical men of military age were called up for service as soldiers, but they have since all been weeded out and appointed to the army medical service. The medical men in question were those who during their three years in the regular army had not been connected with the army medical service.

Promotion in the army medical service is subject to the same rules as in the general service, and depends partly on seniority, partly on selection. Before the war a sub-lieutenant was eligible for promotion to lieutenant (*aide-major 1^{re} classe*) in four years. The time is now reduced to two years in the case of men who are professors and assistant professors in medical faculties, and of those who possess certain university distinctions.

There is also a class of man who is known as an *officier de complément*. This is a large and apparently rather vague class consisting of all men who have ever served in the rank of officer in the army, but who have been allowed for one reason or another to retire. They do not, however, cease to be mobilizable, but on mobilization are entitled to be employed in their original rank. If they are fit men they serve at the front, if unfit, at the bases. All officers of this class were called up on the outbreak of war, and those who were medical men but were not fit for service at the front were supposed to be sent to serve at hospitals and formations at a distance from the towns in which they had previously practised.

There is a system by which there is a regular interchange between officers serving at the front with regiments and ambulances and other advance formations and those serving with formations lying outside the zone of the armies. In a general way a medical officer is not supposed to serve at the real front for more than six months at a time unless he says that he does not wish to be moved.

With the exception of the infantry, the *Service de Santé* is believed to have suffered more casualties than any other branch of the French army, and the regulations have been altered accordingly. Under present regulations it is possible for a senior medical student to become a temporary second lieutenant or *aide-major 2^{me} classe*.

The Service in the Field.

A French regiment consists of three battalions, each nominally a thousand strong. The principal medical officer of a regiment is a *médecin major* (*première* or *deuxième classe*). He has to assist him one *aide-major* (*première* or *deuxième classe*) for each battalion, and each of these officers has a *médecin auxiliaire*.

We may now attempt to follow the course of a wounded French soldier, with the assistance of an illustrated handbook* recently published containing a series of lectures delivered last year to *médecins aide-majors*. The lectures referred to trench warfare; under those conditions a man was picked up by the battalion stretcher-bearers under the direction of the *médecin auxiliaire*, and carried through the trenches to the *poste de secours de bataillon*. In many cases the stretchers were improvised; when this was not the case preference seems to have been felt at this stage of the wounded man's transport for a stretcher with short shafts, in which the wounded man half sits up. The carry here might mean from 250 to 350 yards. The post itself, usually a dug-out, was in charge of an *aide-major*, whose place, however, was often taken by a *médecin auxiliaire*. First aid was applied here, and temporary immobilization of a fractured limb devised. The man was then immediately carried, usually again through the trenches, to the *poste de secours principal du régiment*. The arrangements at this post varied according to the opportunities the locality afforded—it might be a dug-out, it might be established under the protection of a low cliff, or it might be a shelter of branches hidden in a forest; or, again, it might be in the cellars of a destroyed house. In charge of it was the

* *La pratique chirurgicale dans la zone de l'avant*. By Mignou, Billet and Martin. Paris: Baillière et Fils. 1917. (10 francs.)

médecin du régiment, who was provided with a box of instruments and hæmostatic forceps and antiseptic solutions. His duty was to attempt to clean the wound and treat it with antiseptics, to arrest hæmorrhage, and to immobilize a fracture. But his main anxiety was to evacuate his patients as rapidly as possible, turning them over for the purpose to the divisional stretcher-bearers, who had horsed ambulances at the beginning of the campaign, but now have motor ambulances.

The ambulances might be able to get up as far as the regimental post, but if this was not possible the man must be again man-handled to the motor ambulance, which took him to some forward hospital unit, either a kind of field ambulance, from which he was evacuated direct to a stationary hospital on the lines of communication, or to a *poste de chirurgie d'urgence*, a unit which is pushed forward as far as possible. One such place further forward than the average is established under a steep bank; it is provided with a sterilizing room, an operating room of the rigorously aseptic type, and an electric installation for lighting and radiography. It is possible for a man to reach this post in one or two hours; it has two surgeons, who possess all the essential conditions for operating upon the severest cases, including those of abdominal injury, which have yielded a recovery rate of 40 per cent. in cases of penetrating wound with intestinal lesions.

The accommodation of such a place is limited, and it is used only for severe cases. Other cases go in the motor ambulance to the divisional ambulance, where any requisite operation is done. It is usually established in several houses in a village, or it may be set up in a chateau, or large farm, and in either case its accommodation may be enlarged by the use of marquees or huts. A divisional ambulance is described as a completely equipped hospital with an administrative and medical staff. Each hospital has an aseptic operation room, a room for dressings, and a room for septic operations, and many of them have also a plaster room. The patient is first taken into a sorting room, where he is seen by the orderly officer, who looks after his immediate needs in the matter of warmth, or hypodermic injection, and gives him a dose of antitetanic serum. Whether he shall go to the operation room direct, or be submitted to radiography, or whether his condition justifies his waiting his turn, is there determined. The surgeon who does the operation settles whether the patient should be retained in the divisional ambulance or evacuated. Wounds of the head, of the chest, and severe injuries of the limbs are kept as long as the surgeon thinks proper, and when there is no rush men who do not fall into any one of these categories may be retained if the surgeon thinks well.

To meet the case where it might not be possible to find buildings or a site suitable for a surgical operating room, its place is taken by an automobile surgical ambulance, which can be sent to any point desired, bringing its apparatus for sterilization and a reinforcement of four surgeons. It has an outfit for an operating room, which can be quickly set up in three sections: one section provides an aseptic operating room with three tables, another a sterilizing room, and a third a room for dressings and septic operations. It brings with it its own boiler for sterilization of water, instruments, appliances, and dressings, and for heating the huts or tents; and its own electric installation for lighting and for radiography, which is carried out in a separate portable tent. From the divisional ambulance, when fit to travel, a man goes to the *hôpital d'évacuation* or *hôpital de triage* (sorting, and thence to a large regional hospital.

CASUALTIES IN THE MEDICAL SERVICES.

ARMY.

Killed in Action.

LIEUT.-COLONEL F. A. SYMONS, C.M.G., D.S.O., R.A.M.C. Lieutenant-Colonel (acting Colonel) Frank Albert Symons, R.A.M.C., was killed in action on April 30th, while acting as an assistant director of medical services. He was born on April 28th, 1869, and educated at Edinburgh University, where he graduated M.B. and C.M. in 1891. Entering the army as surgeon-lieutenant on January 30th, 1893, he

became surgeon-captain on January 30th, 1896, major on October 30th, 1904, lieutenant-colonel on March 1st, 1915, and acting colonel in November, 1915. He served in the South African war, when he was present at the battle of Colenso, and received the Queen's medal with three clasps. He had served in the present war since the beginning, was mentioned in Lord French's dispatch of October, 1914, and received the D.S.O. on February 18th, 1915, and the C.M.G. on January 1st, 1917.

Captain R. Horne, R.A.M.C.

CAPTAIN P. E. LONES, R.A.M.C.

Captain Percy East Lones, R.A.M.C., was killed in action on April 28th, while in command of bearers at a regimental post, aged 30. He was born in October, 1886, and was the only surviving son of Dr. T. E. Lones, of King's Langley, and of His Majesty's Patent Office. He took a temporary commission as lieutenant in the R.A.M.C. on February 22nd, 1915, and was promoted to captain on completion of a year's service. In March, 1916, he was sent to India, where he served for nearly a year with the Durham Light Infantry; he returned home last February, and went to the front on March 3rd. He was educated at University College Hospital, and took the diplomas of M.R.C.S. and L.R.C.P. in 1915. He leaves a widow and one child.

LIEUTENANT P. B. WOOD, L.D.S.

Lieutenant Paul Bernard Wood, L.D.S., Royal Fusiliers, was killed in action on April 23rd, aged 31. He was the only surviving son of the Rev. C. F. W. Wood, of Streatham Hill, and took the L.D.S. of the Royal College of Surgeons, England, in 1913. He also had the degrees of M.A. and LL.B. His commission was dated February 20th, 1915.

SECOND LIEUTENANT H. N. HENNEY.

Second Lieutenant Herbert Norman Henney, Royal Field Artillery, was killed in action on April 25th. He was the younger son of William Henney, of Edinburgh, and was educated in the school of the Royal College of Surgeons, Edinburgh, and took the diploma of L.D.S., R.C.S. Edin. in 1914. Before he joined the army he was in practice in Great King Street, Edinburgh.

Died of Wounds.

SURGEON-MAJOR A. H. PALMER, R.A.M.C. (T.F.).

Surgeon-Major Ambrose Henry Palmer, R.A.M.C. (T.F.), died at Cairo on May 2nd of wounds received on April 17th, aged 47. He was the eldest son of Dr. Palmer, of Barton-under-Needwood, Burton-on-Trent, and was educated at the Birmingham Medical School and at Guy's Hospital. After taking the diplomas of M.R.C.S., L.R.C.P. Lond., and L.S.A. in 1895 he went into practice at Barton-under-Needwood, where he was medical officer and public vaccinator of Barton district, surgeon to the Barton Cottage Hospital, and surgeon to the post office. He joined the Staffordshire Yeomanry on December 24th, 1904, became surgeon-captain on June 24th, 1908, and was promoted to surgeon-major last year.

LIEUTENANT J. EWING, R.A.M.C.

Lieutenant James Ewing, R.A.M.C., died of wounds received on April 12th, aged 24. He was the youngest son of Mr. Duncan Ewing, of Laggan, Crieff, and was educated at Glasgow University, where he graduated M.B. and Ch.B. in 1916. He had only recently taken a temporary commission in the R.A.M.C.

Died on Service.

CAPTAIN J. B. TACKABERRY, I.M.S.

Captain John Bailey Tackaberry, I.M.S., died on service in a stationary hospital on March 25th, aged 34. He was the youngest son of the late Thomas Tackaberry, of Dunganon, County Tyrone, was educated at Middlesex Hospital, and took the degrees of M.B. and B.S. Lond., and also the diploma of L.M.S.S.A., in 1909. After filling the posts of casualty medical officer and of house-physician at Middlesex Hospital, and of assistant demonstrator of anatomy in the hospital medical school, he entered the I.M.S. as lieutenant, on July 30th, 1910, becoming captain on July 30th, 1913. When the war began he was serving as medical officer of the 31st Punjabis.

Lost at Sea.

The transport *Arcadian*, 8,939 tons, formerly a Royal Mail and Orient liner, was torpedoed by a German submarine on April 15th in the Eastern Mediterranean, and sank in five minutes, with the loss of 279 lives, including nineteen officers. Among them were nine officers of the R.A.M.C.—namely, Lieutenant-Colonel A. C. Fox, D.S.O., and temporary Lieutenants I. R. R. Brogden, M. W. Danzig, W. Grier, W. T. Harris, J. Marshall, J. Rae, J. G. B. Smith, and W. Stewart.

LIEUTENANT-COLONEL A. C. FOX, D.S.O., I.M.S.

Lieutenant-Colonel Arthur Claude Fox was born on April 23rd, 1868, the son of the late Lieutenant-Colonel W. S. Fox, I.M.S. He was educated at the London Hospital, took the diplomas of M.R.C.S. and L.R.C.P. Lond. in 1891, and entered the R.A.M.C. as lieutenant on January 29th, 1894, becoming captain on January 29th, 1897, major on October 29th, 1905, and lieutenant-colonel on March 1st, 1915. He received the D.S.O. on February 18th, 1915.

LIEUTENANT M. W. DANZIG, M.B., B.Ch., R.A.M.C.

Lieutenant Morris William Danzig was a South African, resident at Oudtshoorn, Cape Colony. He was educated at Edinburgh University, where he graduated M.B. and Ch.B. in 1915. His commission was dated March 1st, 1917.

LIEUTENANT W. GRIER, M.B., Ch.B., R.A.M.C.

Lieutenant William Grier was educated at Glasgow University, where he graduated M.B. and Ch.B. with commendation in 1905, also taking the D.P.H. Glasg. in 1910. After acting as clinical assistant and as house-surgeon in the Glasgow Eye Infirmary, house-physician in the Western Infirmary, Glasgow, and senior house-surgeon in the Maternity Hospital, Glasgow, he went into practice at Barrhead, Renfrewshire. He received his commission on February 12th, 1917.

LIEUTENANT W. T. HARRIS.

Lieutenant William Trengweath Harris was educated at St. Thomas's Hospital, and took the diplomas of M.R.C.S., L.R.C.P. Lond., and L.S.A. in 1903. After filling the post of fourth assistant medical officer at the West Riding Asylum, Wakefield, he went into practice at Chiswick. He took a temporary commission in the R.A.M.C. on February 14th, 1917.

LIEUTENANT J. MARSHALL, M.B., R.A.M.C.

Lieutenant John Marshall, M.B., R.A.M.C., of Lancaster, was a native of Berwick-on-Tweed. He received his medical education at the University of Edinburgh, and graduated M.B., Ch.B. with first class honours in 1908. After serving as house-surgeon at the Darlington Hospital he became associated in practice with Dr. Mannix at Lancaster. He had served on the staff of the Beaufort Military Hospital, Bristol, and took a commission in the R.A.M.C. on March 1st, 1917.

LIEUTENANT J. RAE, M.B., Ch.B., R.A.M.C.

Lieutenant James Rae was the second son of Mr. William Rae, advocate, of Aberdeen, and was educated at Aberdeen Grammar School, at University College, London, and at Aberdeen University, where he graduated M.A. in 1904, M.B. and Ch.B. in 1909, and M.D. with commendation in 1911. After filling the posts of assistant medical officer of the Western Fever Hospital of the Metropolitan Asylums Board, of senior resident medical officer of the Cheltenham General Hospital, and of senior assistant medical officer of the Birmingham Union, he went into practice in Birmingham. He took a temporary commission as lieutenant in the R.A.M.C. in 1915, resigned on completion of a year's service, and rejoined last March. As a student he edited the university magazine, *Alma Mater*, and as his thesis for the degree of M.D. compiled "A history of the deaths of the kings of England, from William I to William IV," which was afterwards republished in book form. He was also the author of numerous contributions to medical journals. He leaves a widow, but no family.

LIEUTENANT J. G. B. SMITH.

Lieutenant John Godfrey Bradley Smith was educated at St. Bartholomew's Hospital, and took the diplomas M.R.C.S. and L.R.C.P.Lond. in 1915.

A note announcing the death of Lieutenant I. R. R. Brogden, R.A.M.C., was published in our issue of last week, page 596, when it was incorrectly assumed that he was on board the hospital ship *Lanfranc*. Lieutenant Brogden was lost in the sinking of the *Arcadian*.

Wounded.

Captain M. Brennan, R.A.M.C.(temporary).
 Captain W. T. Collier, R.A.M.C.(temporary).
 Captain H. E. Cresswell, R.A.M.C.(S.R.).
 Captain G. H. Kearney, R.A.M.C.(temporary).
 Captain G. B. Lowe, Australian A.M.C.
 Captain A. H. Wallace, Canadian A.M.C.
 Captain H. C. Wallace, Canadian A.M.C.
 Captain W. B. Wamsley, R.A.M.C.(temporary).
 Captain F. E. S. Willis, R.A.M.C., temporary.

DEATHS AMONG SONS OF MEDICAL MEN.

Brooke, Cecil Rupert, Second Lieutenant Gordon Highlanders, son of Captain Frederick Brooke, R.A.M.C., killed April 24th. His commission was dated April 3rd, 1915.

Coleman, Fred Creighton, Second Lieutenant Norfolk Regiment, only child of Dr. Percy Coleman, of Clacton-on-Sea, killed April 23rd. He was born in 1898, educated at Belvedere, Brighton, and at Haileybury College, and got his commission from Sandhurst in April, 1916. He went to the front on March 7th last.

Fawcett, Bertram James Acton, Captain East Lancashire Regiment, younger son of Lieutenant-Colonel E. Fawcett, I.M.S.(ret.), died April 24th of wounds received the previous day, aged 24. He was educated at Cheltenham College, where he was in the eleven in 1909 and 1910, scoring 89 runs against Haileybury at Lords in 1910. In October, 1910, he went to Ceylon as a tea planter, but afterwards went into business in Colombo. There he played for Ceylon against the Australians in 1912. He came home in October, 1914, got a commission the following month, was promoted to lieutenant on February 1st, 1915, and went to the front in July, 1915, being subsequently promoted to captain.

Fowle, James Lawrence, Lieutenant Highland Light Infantry, elder son of Dr. Fowle, of Singapore, and of Forres, N.B., killed April 24th, aged 21. He was born in Singapore in 1896, educated at Clifton Bank School, St. Andrews, at St. Andrews University, and at Pembroke College, Cambridge; got his commission from Sandhurst on May 12th, 1915; went to the front in March, 1916, and was promoted to lieutenant in August, 1916. Since last October he had been intelligence officer of a Brigade Head Quarters Staff.

Hallwright, W. W., D.S.O., Lieutenant Commander, R.N., youngest son of Dr. Matthew Hallwright, of Edgbaston, killed in action April 21st, aged 33. He passed out of H.M.S. *Britannia* as midshipman in 1899, and was appointed to H.M.S. *Terrible*, in which he served under Sir Percy Scott during the South African and the China wars, receiving both medals. He was promoted lieutenant in 1905, and lieutenant commander in 1913. He had been mentioned in dispatches recently and awarded the D.S.O. The body of the deceased officer was taken to Birmingham and interred at Witton Cemetery after a memorial service at St. Augustine's Church, Edgbaston. (A brief announcement of Lieutenant Commander Hallwright's death appeared in our last issue.)

Lewis, Denis Mervyn, Second Lieutenant Worcestershire Regiment, youngest son of Dr. J. H. Lewis, of Thornton Lodge, Lewisham, killed April 24th.

Mackenzie, Keith Ingleby, Second Lieutenant Argyll and Sutherland Highlanders, attached Royal Flying Corps, youngest son of Dr. Ingleby Mackenzie, of Ryde, Isle of Wight, killed in an aerial fight on April 8th, aged 18.

Mawdsley, John Edmund, Second Lieutenant King's Own, Royal Lancaster Regiment, son of Dr. Mawdsley, of Oldham, killed April 24th, aged 21. He was educated at St. Bede's College, Manchester, and at Victoria University, Manchester, where he entered as a medical student in October, 1914. He took a commission on April 10th, 1915.

Melland, Frederick Bernard, Lieutenant Royal Naval Volunteer Reserve, Royal Naval Division, son of Dr. Melland of Altrincham, killed April 24th. He and his elder brother, Sub-Lieutenant Bryan Trevor Melland, R.N.D., enlisted in the Public Schools Battalion of the Royal Fusiliers early in September, 1914, and on September 29th, 1914, received commissions in the R.N.D. Both took part in the landing at Gallipoli in 1915, where the older brother was killed, and the younger wounded. He was promoted to lieutenant in July, 1915. He was a nephew of Mr. Asquith, whose first wife was a sister of Dr. Melland.

Monteith, James Cue, Private, Royal Scots, eldest son of Dr. Monteith, of Oldham, died of wounds on April 25th.

Morris, John Wallace, Sergeant, Australian Forces, only son of the late Dr. Morris, of Kennoway, Fife, died of wounds received on April 4th.

Myles, Maurice Trevor, Private, Canadian Infantry, of Salt Springs Island, British Columbia, youngest son of Major E. H.

Myles, R.A.M.C., died on April 20th, of wounds received on April 17th.

Rhys, Watkin Leoline Tom, Second Lieutenant Rifle Brigade, elder son of Dr. W. L. Rhys, of Penbryn, Aberdare, died on April 24th of wounds received the previous day.

Sloan, Thomas Ian Thomson, Second Lieutenant Argyll and Sutherland Highlanders, youngest son of Allen Thomson Sloan, M.D., of Edinburgh, killed on April 23rd.

Tempest, Basil, Second Lieutenant Manchester Regiment, elder son of Dr. Tempest, of Whalley Range, Manchester, died of wounds on April 25th. Before the war he was a student apprentice at Messrs. Mather and Platt's for four years, and gained a Manchester University scholarship in 1914. He joined the O.T.C. at the beginning of the war, got a commission in November, 1915, and had served in France and in Macedonia.

Will, John George, Lieutenant Royal Flying Corps, second son of Dr. Will, of Cambridge Road, London, N.E., first reported missing, now reported killed March 25th. He was educated at Merchant Taylors School, and at Downing College, Cambridge, where he got his Rugby blue in 1911, 1912, and 1913; also playing three-quarter back for Scotland in 1912 and 1914. He got a commission on February 11th, 1915, and was previously in the Leinster Regiment.

Wreford, William Heyman, Captain Devonshire Regiment, elder son of Dr. Heyman Wreford, of Exeter, killed on April 23rd, aged 22.

[We shall be indebted to relatives of those who are killed in action or die in the war for information which will enable us to make these notes as complete and accurate as possible.]

England and Wales.

INFANT WELFARE AND A MINISTRY OF HEALTH.

A DEPUTATION organized by the National Association for the Prevention of Infant Mortality, and including representatives of the Association for Infant Welfare and Maternity Centres, the National Society of Day Nurseries, and the Council of Health and Housing, was received on May 7th by Lord Rhondda, president of the Local Government Board. Dr. G. F. Still, in introducing the deputation, spoke in favour of the formation of a Ministry of Health, and said that the question of infant welfare must stand in the foreground of the work of such a central authority if the best results were to be obtained; he emphasized the importance of preserving the health of children of pre-school age. Alderman Broadbent, of Huddersfield, maintained that all matters pertaining to motherhood and infancy should be correlated by means of unification between the departments of State dealing with public health. Dr. John Robertson, medical officer of health for Birmingham, referred to the importance of research into matters connected with prenatal as well as post-natal infant mortality, for which purpose local authorities needed help and guidance from a central department. Dr. Eric Pritchard and Miss Amy Hughes also spoke. Lord Rhondda, in reply, gave little information as to the progress of the scheme for a Ministry of Health, repeating that it was under serious consideration by the Government. He said that he himself was not in favour of a new ministry, but hoped that it would be based largely and mainly upon the Local Government Board, as a Ministry of Health and Housing. His reason for pressing the matter strongly upon the Cabinet was the need for taking in hand the care of the children; and even if the Ministry of Health were not established in the near future, a bill would be introduced to provide for the feeding of nursing and expectant mothers, and for the supply of milk to children. In this matter public opinion was ahead of the Government, and he hoped to see co-operation and co-ordination of the work of the voluntary agencies which had already done such good service.

"ECONOMY IN WASTE."

In a circular dated May 3rd, 1917, addressed to local authorities, the Local Government Board announces that after consultation with the Director-General of National Service and with the Reserved Occupations Committee, it has been decided that, unless classed A or B 1, men engaged in the collection and disposal of house refuse will be included in the next list of certified occupations. Local authorities, however, are urged to do all they can to economize labour in connexion with scavenging and other sanitary work; it is thought that by proper classification of labour they may be able to make use of men of a lower physical standard and also of women. They are also