An Address

DELIVERED AT THE ROYAL ARMY MEDICAL COLLEGE ON THE
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BY

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IN addressing a company such as this, I am unfortunate in that I cannot speak from personal experience or from first-hand knowledge of the attractive combination of the medical and military professions to which most of my hearers belong.

It is simply as a clinical teacher and lecturer for over thirty-five years in a London hospital and medical school—in which capacities I have necessarily taken part in the general medical education of many students who subsequently joined the medical service of the army or navy—that I am in any way qualified to speak to you on this occasion.

I shall not, therefore, presume to criticize or discuss either military medical education or the career to which it leads; but, instead, I will venture to make a few remarks on the history of the army surgeon and the gradual development of the Royal Army Medical Corps.

But, in the first place, allow me on behalf of my audience and myself to congratulate those of you who are the recipients of prizes to-day.

These prizes ought to afford you a double gratification—first, because they are the rewards of industrious and successful study; and, secondly, because they serve to perpetuate the memory, and carry with them the names of some of those who have done so much to promote the progress of your profession.

In the next place, let me say to the unsuccessful competitors, “Do not be disheartened or discouraged by your present failure.” I have often heard and seen quoted on prize-giving occasions the verse ascribed, probably wrongly, to Solomon, which says: “The race is not to the swift, nor the battle to the strong, neither yet bread to the wise, nor yet riches to men of understanding, nor yet favour to men of skill; but time and chance happeneth to them all.”

Doubtless this often is so! Still, it is not for me to attempt to lift up the hearts of the unsuccessful by disparaging the successful, by uttering a single word which might seem to throw doubt upon the full merit and rightful success of those who have carried off the laurels.

Rather, I would remind you of the numerous opportunities in the future which your many-sided profession, which will take you to all parts of the world, affords you of gaining honours and distinctions in scientific research, in preventing or curing disease, or in some administrative or executive capacity.

The other day I came across a reprint of an article on “Life in a Hospital,” written in 1883, by Walter Besant. The author of *All Sorts and Conditions of Men*, in describing the hospital life of patient, nurses, and medical students, said of the latter that when they went into practice they would cease to learn much more, but would simply follow by rule of thumb what they had been taught at the hospital; that though the Huxley or the Darwin of the next generation might be among them, only a few would have any enthusiasm for science or their profession. The author did not limit his remarks to medical students only, but applied them to the Church, the law, the teaching profession, and all others.

In 1883, however, the Royal Army Medical Corps did not exist, or assuredly Sir Walter Besant would have made it an exception to his far too sweeping sarcasm.

The army medical officer of the present day, with the facilities afforded by this well equipped college and its affiliated hospital for acquiring knowledge under its eminent professors and teachers; with the advantages of the proximity of the college to large civil hospitals, libraries, museums, and medical societies; and with periods of study-leave and periodical examinations carrying with them acceleration of promotion graduated by a scale

of passing marks, is little likely to stagnate or fossilize. If he does so, his fate is to lose his commission. Compulsory retirement for slackness or ignorance is, however, I am glad to hear, a very rare occurrence.

It is a matter of surprise that, although throughout the ages doctors have served with armies and have been the trusty confidants and friends of the leaders of armies, whether emperors, kings, or other less exalted persons, yet that no consolidated military medical system existed in the British army until the latter part of the nineteenth century—nothing approaching it, I believe, before 1882.

In times as remote as that of the siege of Troy army doctors were held in the highest esteem. The two sons of Aesculapius, Machaon and Podalirius, were, according to Homer, very important persons indeed in the Greek army. Recall what a stir was made in the third great Trojan battle, when Paris, “the spouse of Helen, dealing darts around,” struck Machaon in the right shoulder. The wounded surgeon was carried off the battlefield by Nestor in that grand old warrior king’s own chariot; and Achilles, sulking in his ship, having watched the progress of the battle, sent Patroclus to inquire what had happened. It was when describing these events that the poet exclaimed:

A wise physician skilled our wounds to heal
Is more than armies to the public weal.

Recall, too, that amidst all the greatest heroes of the Greek army—Agamemnon, Ajax, Ulysses, Achilles, and many others—Machaon was always spoken of as “the great Machaon,” as in the following lines from Pope’s translation of the *Iliad*:

Of two famed surgeons, Podalirius stands
This hour surrounded by the Trojan bands;
And great Machaon wounded in his tent
Now wants that succour which so oft he lent.

Those of you who are Fellows or Members of the Royal College of Surgeons of England are no doubt aware that Machaon and Podalirius are to this day commemorated being represented as the supporters of the shield in the coat of arms and common seal of our College.

In the sixth and fifth centuries, during the wars of Persia with the Asiatic States, Darius I (521–485 B.C.), the “King of the whole civilized world,” and “the King of Kings,” as he called himself, as well as his successors, had Greek physicians and surgeons in their suites.

In the accounts of the wars of the Persians against the Greeks we read of the physician Ctesias of Cnidus as being for seventeen years (414–398 B.C.) in the service of the kings of Persia. Ctesias is specially remembered, not as constantly accompanying Artaxerxes II (404–359 B.C.), but as being a great historian, like Herodotus and Xenophon, of the Persian wars. The Persians, to their honour, conducted their wars with great humanity, and treated their prisoners with kindness, and in many instances even with liberality and favour.

Philip, an Acarnanian, was physician and surgeon to Alexander the Great, and accompanied him through his Asiatic wars. There is an interesting story told of them. When Alexander was lying seriously ill at Tarsus a letter reached him warning him that Philip had been bribed by Darius III to poison him. Having read the letter, Alexander handed it to Philip to read, and after doing so swallowed a potion which Philip had prepared for him. This proof of the unshaken confidence of the king in his physician was soon followed by Alexander’s recovery.

In the second century of the Christian era the illustrious Galen was specially summoned by Marcus Aurelius to be with him in his campaign in Northern Italy. But evidently Galen did not like being an army surgeon, even though in attendance on the emperor, because, when Marcus Aurelius was afterwards setting out to conduct the war on the Danube, Galen begged to be left behind, alleging that such was the will of Aesculapius; consequently he was allowed to remain at Rome, and was charged with the care of the health of young Commodus, the unworthy and licentious son of the noble-minded Marcus.

In the fourth century an eminent Greek medical writer, Oribasius, the friend of Julian, accompanied that cultured but eccentric emperor in his wars against Persia, was with him when he was wounded, and at his death, and was one of the very few persons to whom Julian confessed his apostasy from Christianity.

Skipping over the centuries of the Dark Ages, we find that the most noted surgeon in the sixteenth century was Ambroise Paré. He served with the army for thirty years in the wars of François the First and three other kings of France; and had the courage to rebuke Catherine de Medici for her religious bigotry. He enjoyed the love and confidence of the French soldiers to so great a degree that his mere presence sufficed to reanimate a disheartened garrison or a half-beaten army.

Of the great English surgeons of the Tudor period two may be mentioned—Gale (1507–1587), who served in the army of Henry VIII., and Clowes (1540?–1604), in that of Elizabeth's reign.

A great surgeon under the Stuart dynasty, equally popular and successful in military and civil practice, was Richard Wiseman (1622–1676), a Londoner born, who joined the Royalist army in 1643, and accompanied Prince Charles with his troops into exile. Wiseman was the first of the barber surgeons who emancipated surgery from the state of subordination to the physicians. He wrote in so clear and simple a style that his works were selected by Samuel Johnson, when writing his dictionary, as a mine of good surgical nomenclature. Wiseman underwent repeated imprisonment for the Royalist cause, but, after the Restoration, Charles II made him his sergeant-surgeon and gave him a pension for life.

In the time of the French revolution and far into the nineteenth century the most renowned surgeon with the French armies was Baron Larrey (1766–1842). Larrey was both a great surgeon and a great administrator. He was the first military surgeon who was ever mentioned in dispatches; he was the inventor of the flying ambulance, the idol of the French soldiers, who called him the "hero of humanity," and was spoken of by Napoleon as being the most honest man he had ever known.

Among the medical officers under Wellington there was one whose name is a household word in the army medical service. Sir James McGrigor was with the army in the Peninsular War from 1812 till the restoration of peace in 1814. Then he returned home, and was made Director-General of the Army Medical Department in the following year (1815), a post which he continued to hold for thirty-six years. As an army doctor he was quite a genius. He had great courage and self-reliance, but possessed also consummate tact and administrative ability, qualities so essential for one who has subordinates to direct and control. He instituted army medical benevolent funds. He raised the Army Medical Service to a higher standard than it had ever attained before. Wellington could not speak sufficiently highly of him, and the medical officers who had served under him presented him with a service of plate valued at a thousand guineas. It was through his influence with the Duke of Wellington that the medical officers of the British Army came to be mentioned in dispatches. It is difficult to say whether it was by the officers or the rank and file of the army that he was most respected and beloved.

Other military medical notables of the end of the eighteenth and early part of the nineteenth century were Sir John Pringle, Munro, Jackson, and Fergusson, but time will not permit me to do more than name them.

In the Indian Medical Service in the nineteenth century the names of two officers stand out very prominently. Both served with distinction in the Burmese wars.

Sir Ranald Martin, C.B. (1793–1874) was an authority on medical topography, on military sanitation, and on the effects of tropical climates on European constitutions, and he wrote the article on hospitals in Holmes's *System of Surgery*. He will ever be remembered as the introducer of iodine in the treatment of hydrocele. After settling in London he was made Inspector-General of Army Hospitals, and a member of the epoch-marking Army Sanitary Commission, of which Sidney Herbert was chairman.

Sir Joseph Fayrer, Bart. (1824–1907), was connected with the Indian Medical Service for forty-five years from 1850. He was very successful as a field surgeon in Burma, was a prolific writer on Indian climatology, on the pathology of Indian diseases, and on sanitation. He lectured at the London College of Physicians on tropical diseases and on Indian fevers. His work on venomous snakes was considered the best book on the subject which had ever been published. He was elected to all sorts of honours, and

was a personal friend of King Edward VII. He was also a keen sportsman to the very end of his long life.

Brigade-Surgeon Henry E. Busteed, M.D., C.I.E., who died this year at the age of 78, was formerly in the Honourable East India Company's service, and is celebrated for his *Echoes from Old Calcutta*.

This brings us down to the present day, but I must not venture to allude to men still living who have done honour to the Army Medical Service and received honour through it.

The lessons taught by Sir James McGrigor were well nigh forgotten in the long peace between Waterloo and the Crimean war. Yet there was in the interval a man—Dr. Henry Marshall—whose name seems to be almost forgotten nowadays, although I was shown one of his books ready to hand in Professor Melville's private laboratory in this college on Thursday last. Marshall (1775–1851) saw much service at home and abroad, and was appointed Inspector-General of Military Hospitals in 1830. By his labours he prepared the way for many of the reforms which were subsequently made or proposed. He wrote reports on the health of the troops in different stations, which were laid before Parliament. He was the first to prove the value of military medical statistics. He wrote a book of instructions for young medical officers on recruiting and other subjects, and he made suggestions for the advancement of military medical literature. Dr. John Brown in *Horae Subsecivae* wrote a long chapter on "Dr. Henry Marshall and Military Hygiene." Sidney Herbert must have been well acquainted with Marshall's writings; and Lord Panmure when Secretary of State for War declared that Marshall's *Military Miscellany* was his Bible in all that related to the welfare of the soldier. Marshall died in 1851, three years before the Crimean war.

The science of sanitation was little known in the early part of the nineteenth century, but between the Peninsular War and 1851 it had made great strides, and the system of army hospital administration which prevailed in 1814 was consequently out of date in the Crimean period. Hence the shortcomings born of a long peace as revealed in the military hospital at Scutari, and amongst the sick and wounded before Sebastopol, shocked the public mind and raised a terrible outcry in the press.

During the Crimean war and in the years immediately following, several circumstances occurred which tended to promote the welfare of soldiers, the improvement of military medical education, and the reform of the Army Medical Service generally.

(a) In the first place, Sidney Herbert (1810–1861), afterwards Lord Herbert of Lea, was "Secretary at War" on the outbreak of the Crimean campaign in March, 1854, and in 1856 he was made chairman of a Royal Commission appointed to inquire into the sanitary condition of the army and of the military hospitals and barracks. He had gained an intimate knowledge of the defects of the service and knew the crying need there was for reform, and one of the leading principles which guided him, and to which he frequently referred, was that it is easier to prevent disease than to cure it; that the duty of the army doctor was to keep soldiers in health as well as to treat them when sick and wounded.

One has only to read in Lord Stanmore's life of him some of Sidney Herbert's letters to various persons in authority to realize how earnest and insistent he was to have only the right persons selected for the Royal Commission, to have the scope of the inquiry as wide as possible, and to obtain a promise that the findings of the Royal Commission should be made use of without delay to strengthen the hands of the executive in bringing about reforms.

(b) Another very important circumstance was Parkes's great work on hygiene. Sidney Herbert was the chief apostle of Army Medical Service reform, and he was fortunate in having as a contemporary Edmund Alexander Parkes who was just ten years his junior. Herbert made great use of Parkes's knowledge of hygiene. He sent him to Turkey in 1855 to select a site for, and to superintend a large civil hospital to relieve the pressure on the military hospital at Scutari. During the formation of the Army Medical School at Fort Pitt—the first school of the kind in this country—Parkes was frequently consulted by Sidney Herbert. On the opening of the school in October,

Parkes accepted the Chair of Hygiene, and organized a system of instruction which stood the test of subsequent years.

After the school was transferred to Netley in April, 1863, Parkes published his *Manual of Practical Hygiene*, which was at once appreciated throughout the civilized world, and on his death, in 1876, Baron Mundy, the Professor of Military Hygiene in the University of Vienna, in concluding his biographical sketch of Parkes, said: "All the armies of the Continent should at parade lower their standards craped, if but for a moment, because the founder and best teacher of military hygiene of our day, the friend and benefactor of every soldier, Edmund Parkes, is no more."

(c) Another circumstance, and one which was at once beneficial to sick and wounded soldiers, was the friendship of Florence Nightingale with Mr. and Mrs. Sidney Herbert. This intimacy led Miss Nightingale to write to Mrs. Herbert to make the proposal that she (Miss Nightingale) should be permitted to go to Scutari to help in the military hospital there, and take with her a number of nurses voluntarily provided by the benevolence of a private institution of charitable ladies.

This letter crossed in the post one from Mr. Herbert to Miss Nightingale, proposing to her that she, as the only person in England fitted for the task, should go to Scutari with a staff of female nurses appointed by Government, and with all the advantages which such authority carried with it. Miss Nightingale at once accepted the appointment, and we all know the marked success which attended this previously untried experiment.

How firmly the scheme took root, and how it has developed, is shown by the fact that whereas only 40 nurses went out with Florence Nightingale to Scutari, 800 were employed in the South African war; and one of the recommendations of the Royal Commission on that war is that the employment of female nurses in fixed military hospitals for the care of the wounded and such of the sick as can be suitably nursed by females should be on a larger scale than during the greater part of the war.

(d) Other events soon happened which brought in their train great benefit to the sick and wounded in time of war. After the Italian campaign in 1859 the question of the neutrality of the wounded was first ventilated by a Neapolitan doctor (Palasciano), and about the same time a Swiss philanthropist (Henri Dunant) published his *Recollections of Solferino*, in which he described what he had witnessed on the battlefields of Italy. The result was an international conference held at Geneva in 1863, from which took origin the international society known as the "Red Cross Society."

The Geneva Convention was signed on August 22nd, 1864, when fourteen different States pledged themselves to regard as neutral, in time of war, the sick and wounded and all belonging to a military nursing staff. The Red Cross, which became the badge of the society, was henceforth acknowledged by every European State.

Amongst the earliest and most zealous promoters of the Red Cross Society was Queen Augusta of Prussia, afterwards to become the German Empress Augusta. The work of the society became her chief object of thought, and in the Austro-Prussian war in 1866 she introduced the newly-developed hospital system. When peace was restored the "Union of Women Workers," which Queen Augusta had founded, continued its usefulness in epidemics and other disasters among the civil population. Again, on the outbreak of the Franco-German war in 1870, the Queen was the leading spirit of 2,000 committees for sending "help to the Rhine." These committees dispatched to the seat of war 677 private hospitals and a German corps of volunteer nurses consisting of over 4,400 males and 1,703 females, besides many millions of marks worth of clothing and other requisites for the comfort of the sick and wounded.

Now, the mother of the German Empress Augusta was Maria Paulowna Grand Duchess of Weimar, and the Grand Duchess was the daughter of Paul I, the Czar of Russia (1776-1801), by his second wife Maria Feodorowna. This lady originated, and during her lifetime directed, so many benevolent schemes for the good of the Russian soldiers and civil population, that after her death her son had to establish a special bureau to carry them on.

The Grand Duchess, in her little State of Weimar, founded the "Patriotic Union of Women Workers," which was the prototype of the much larger "Union of Women Workers" which half a century later was founded by Queen Augusta under the Red Cross.

I refer to the splendid work of these great ladies, the Czarina Feodorowna, her daughter, and her granddaughter, as well as to the fact that Sidney Herbert was the son of the eleventh Earl of Pembroke by his second wife, who was a Russian lady of great intellect and vigour of mind, and the daughter of Count Woronzow, for many years the Russian Ambassador in England, in order to point out how much the armies as well as the civil populations of Europe have been indebted to the initiative, the labour, the example, and the hereditary influence of Russian women. It is probable that Herbert's great work was instigated and influenced largely by the character and training of his Russian mother as well as by the circumstance of the Crimean war.

Herbert's Russian family connexion exposed him to the suspicion that he was to blame for the breakdown of the military organization in the Crimea; but the Roebuck Committee proved that, on the contrary, Herbert had made the most strenuous efforts to prevent and correct the errors and failures which unhappily occurred.

Time will not allow of my attempting even to epitomize the chequered course of army medical reform since the time of Sidney Herbert; nor to enumerate the grievances and complaints of army medical officers which led to such a dearth of candidates for the service during the last decade or more of the nineteenth century.

The removal of these disabilities and causes of unpopularity was largely due to the exhaustive inquiry, and to the report and the recommendations based on that inquiry, of the Subcommittee of the British Medical Association on Army Medical Reform. In that report, which was published in March, 1897,¹ the formation of a consolidated army medical corps as an integral part of the army, with military rank and titles and better pay for its officers, promotion by merit, shorter tours of foreign service, more holidays, opportunities for study leave, increase in the army medical establishment, and various administrative reforms were all earnestly advocated.

It was a little more than one year after the issue of this report—namely, on May 4th, 1898—on the unique occasion of the first banquet ever given by a Lord Mayor of London to the medical profession, that the Marquis of Lansdowne, then the Secretary of State for War, announced that the Army Medical Staff and the Medical Staff Corps would be formed into one corps, and that Her Majesty had signified her pleasure that the new corps should be called the "Royal Army Medical Corps" and should be given military titles up to and inclusive of the rank of colonel.

I was present on that occasion and I well remember the joy and satisfaction with which that announcement was received by the whole medical profession. I recall also the many laudatory things said of the medical officers of the army by Lord Russell of Killowen and by Lord Lansdowne, who, be it remembered, is himself a descendant of that brilliant and remarkable man, Sir William Petty, M.D., who was Physician-General to the Army in Ireland in 1662.

And here I will venture to remark that the consolidation into a royal corps and the granting of military rank and titles must never lead the army medical officer to forget that his first duty is to be a good doctor, and to maintain a high standard of professional efficiency; and that he should also endeavour to increase the well-being of his patients by relaxing as far as possible the rigid discipline of military hospitals.

Since 1898 we have had the South African war, and the report of the Royal Commission on the care and treatment of the sick and wounded during that war, based on evidence taken on the spot. We had in May, 1901,² another report, with recommendations for the reorganization of the Army Medical Service, drawn up by a sub-committee of the British Medical Association; and in the following October (1901) was issued the Report of the Committee on Organization of the Army Medical Service,

¹ BRITISH MEDICAL JOURNAL, 1897, vol. i, p. 732.

² SUPPLEMENT to the BRITISH MEDICAL JOURNAL, May 4th, 1901.

appointed by the Secretary of State for War,³ and presided over by the Right Hon. St. John Brodrick himself. Finally, there followed in March, 1902, the Royal Warrant⁴ confirming the important changes recommended by the Organization Committee.

It is interesting to read side by side the Report of the South African Royal Commission, published in 1901, and the letters of Sidney Herbert in the *Memoirs by Lord Stanmore*, published in 1906.

Nearly every one of the suggestions of the Royal Commission for remedying defects had been made by Sidney Herbert fifty-five years before. Such is the procrastination in bringing about reforms which have to be paid for by the Government, and the disastrous want of which is not perpetually, but only in times of war, evident to the British taxpayer.

Thus the recommendations of the Royal Commission as to (1) the increase and greater elasticity of the staff of officers and orderlies; (2) arrangements enabling medical officers to keep themselves abreast with advances in medical and surgical knowledge; (3) the employment of female nurses in fixed military hospitals; and (4) the appointment of officers with special knowledge of sanitary science, were all repeatedly made by Sidney Herbert.

Over and over again Herbert drew particular attention to several other matters also commented upon by the Royal Commission—namely, (1) the delay and privations caused by the army medical officers having to requisition other departments for necessities for the sick and wounded; (2) the excess of clerical work which had to be done by the principal medical officers; (3) the desirability of making it known that medical officers have the power to buy at Government expense requisites which are essential during a campaign; and (4) the advisability of medical officers not showing resentment or factious opposition to well-meaning though injudicious benevolent persons anxious to distribute charitable gifts amongst the sick and wounded.

Herbert also anticipated the Organization Committee of Mr. Brodrick in suggesting the establishment of an Advisory Board, or, as Herbert called it, a "Medical Council," with the Director-General at its head.

Herbert's recommendations on the subject of medical education and the foundation of a military medical school where military medical subjects should be taught, after meeting with much resistance, which probably few War Ministers but himself would have overcome, did result in the establishment of the Fort Pitt School at Chatham.

In the report of the Royal Commission, as also in Herbert's letters, there are frequent allusions to suffering and loss of life, due to the exigencies of military strategical movements and to unforeseeable misadventures which no Army Medical Service, no matter how efficient, can prevent.

Amongst such causes of sickness, suffering, and death are insufficient transport and the lightening of kit and the shortening of provisions on forced marches, want of drinking water, prolonged exposure to extreme heat or cold, gales, floods, and sand storms, some or other of which may at any time occur in campaigns, whether in the Crimea, the Nile Valley, South Africa, or elsewhere.

It is worse than injustice, it is cruel and cowardly of malicious or ignorant writers to condemn the Army Medical Service for the horrors and miseries arising from these causes.

Yet the service has not escaped in the past, and must not expect to escape in the future, abuse and obloquy of this kind.

What is satisfactory is that, on official inquiry, it has always been shown that such slanders are unfounded, and that the army medical officers, with rare, if any, exception, no matter how overworked at the time, were indefatigable and ever ready to imperil their lives in the discharge of their duties, either in hospital or in the field. So long as this can be said, and so long as army medical officers maintain a high standard of professional proficiency and a high reputation for humanity, they will continue to add to the glory and lustre of their corps, they will acquire honour and renown for themselves; they will bring relief, consolation, and health to the soldiers, and promote efficiency and economy in the Imperial and Indian armies.

³ BRITISH MEDICAL JOURNAL, 1901. vol. ii, p. 1025.

⁴ Ibid, 1902, vol. i, p. 813.

LITERARY NOTES.

At the National Conference organized by the Joint Committee of the Independent Labour Party and the Fabian Society in connexion with the "War against Poverty Campaign" which was opened on October 11th, Mr. Sidney Webb, speaking of destitution, is reported to have said:

On a memorable occasion the present King had said: "If preventable, why not prevented?"

This is an instance of the manner in which things said by one person are put into the mouth of another. The process goes on till sayings—and it may be added, jokes—which were already legendary thousands of years ago are fathered on any person who happens to be prominent at a given time. Many of the "smoking-room" stories of the present day may be found in Apuleius (born circa A.D. 125), and his *Golden Ass* is believed to be a *réchauffé* of much older materials. It was Edward VII when Prince of Wales who, in his presidential address to the seventh International Congress of Hygiene and Demography, held in London in August, 1891, in speaking of the improvement of sanitary conditions, said:

Although the heaviest penalties of insanitary arrangements fall on the poor, who are themselves least able to prevent or bear them, yet no class is free from their dangers or sufficiently careful to avert them. Where could one find a family which has not in some of its members suffered from typhoid fever or diphtheria or others of these illnesses which are especially called "preventable diseases"? Where is there a family in which it might not be asked, "If preventable, why not prevented?"

A report of the whole address will be found in the BRITISH MEDICAL JOURNAL, August 15th, 1891, p. 349.

It is a strange instance of the perversity of the human mind that, whilst moralists and novelists join hands in denouncing the misery caused by drunkenness and avarice, few of them have attempted to paint the equally unpleasant effects of gluttony. Yet no reader of *Le Cousin Pons* is likely to forget the fate of the unhappy musician whose love of good cheer condemned him to lead the life of a parasite at the table of his rich relations, and whose troubles all arose from his inability to abandon the dinners that afforded him such heartfelt satisfaction. It is hardly surprising that Balzac should have felt his hero's sufferings so keenly, since, according to Dr. Cabanès, whose article on "The Temperament of Balzac" appeared in the September number of *L'Hygiène*, the great man himself was not entirely exempt from the same failing. Notwithstanding his almost monastic life, Balzac had all the true Frenchman's appreciation of good cookery; and whenever the overwhelming pressure of his work allowed him a little breathing space he loved to gratify his taste for certain favourite dishes. As a rule he ate very little meat, but consumed vast quantities of fruit, of which he was inordinately fond; and whilst at work on one of his innumerable masterpieces he was quite content to live for days on a diet of eggs and black coffee, the latter being carefully prepared by himself after a particular recipe. Directly, however, he permitted himself a short respite from his almost unceasing labours, his natural appetite reasserted itself and assumed its normal proportions. What these proportions were may be judged from the menu of a dinner eaten by him on one occasion, to the stupefaction of an entire roomful of people. This meal consisted of a hundred oysters, twelve cutlets, a duckling with turnips, a brace of roast partridges, and a sole, together with the usual hors-d'oeuvre, side dishes, and dessert, the whole being washed down by various choice brands of wine. We are told by one of the eye-witnesses of this gastronomic feat that by the time Balzac had finished nothing remained on the table but the bones. Perhaps it was only the natural result of this reckless abuse of a magnificent constitution that Balzac died when little over 50 years of age, a worn-out and prematurely aged man, at a time when he should have been in the full flower of his physical and intellectual vigour. Balzac's love of good wine is shared by many of his countrymen, who will doubtless appreciate M. Francis Marre's rules for choosing wines, which appeared in the September number of *L'Hygiène*. The same number also contains a most interesting account by M. André Mesureur of the famous Mohammedan hospital at Tunis, whilst Madame Augusta Moll-Weiss has contributed some excellent advice on the training and hygiene of young servants.