

neglected all causes of disease except living causes and have taken into account only the transmissible diseases. Physical and chemical irritants have been left out of our reckoning. Occupational and recreational factors have been ignored and the psychological aspects of diseases have not been mentioned.

I am sure, however, that you will agree with me that our problems are not simple nor, on the other hand, is their solution hopeless. The conviction that our tuberculosis problem is perhaps one of our most complicated and the belief that its solution will prove most helpful in the solution of others, led me to select this topic for consideration here.

The fact that others will speak to you concerning particular and important practical phases of tuberculosis work makes it unnecessary for me to dwell upon details except in so far as they affect a successful fitting of it in with allied or dependent activities.

Every advance in knowledge makes it increasingly necessary for each of us to specialize more highly. Greater specialization means greater restriction of field of activity. Greater restriction means increasing dependence of the workers in the one field upon those in other fields. This in turn calls for better means of ensuring co-operation of the workers and co-ordination of the work. In nothing is this more imperative than in our efforts to promote public health, which includes the suppression of tuberculosis.

The proof of the bacterial theory of disease by the discovery of those microbes which produce some of our well-known diseases led to gross errors in perspective, so that our disappointment in the late eighties of the nineteenth century was very keen when we failed to find some miraculous and instantaneous cure for tuberculosis. The pathologist knew too little of the how, when and why of this protean disease to enable us to arrive at definite conclusions concerning its prevention. We expected a vaccine or an antitoxin and were disappointed; in fact, we still lack specific means of prevention and cure. In tuberculosis we have an exceedingly chronic disease, whose average period of duration is at least five years, and yet we have irrationally expected immediate cures, and many there are who venture to make rash

statements as to the effectiveness of methods of prevention and cure, which could only be justified after observations have extended over years. We can understand the situation better if we keep ever before our eyes the picture of the two opposed processes which are set up in the body by the tubercle bacilli and the toxins which they contain. They lead both to reduplication of cells or cell overgrowth, and also to cell destruction. The tubercles or little swellings are formed and their centres break down and contiguous ones may become confluent. The cells and tissues on the one hand and the bacilli and their toxins on the other are in a state of balance.

The microbe, slow in growth, is extremely resistant. It may be engulfed by body cells or walled in by masses of cells which have wandered to a given locality or have been stimulated to grow from others in that region. When so engulfed or walled in, it may, however, remain living. We can and should do everything to strengthen resistance by building up our body tissues, but here, as elsewhere, we must again repeat, we have no royal road to cure and prevention. We can only hope for success through prolonged, patient and perhaps painful effort.

Care of the curable cases is not enough so long as we leave advanced cases in our lodging houses, sweatshops and otherwise in close contact with those whose very lives they threaten.

Care of the tuberculous in all stages of the disease must be provided, and at present in most communities the demand for such care is far in excess of the supply.

In many communities, too, there seems to be lack of the necessary legal power to remove advanced open cases of tuberculosis to institutions where they may be properly cared for should they or their families object.

In the matter of buildings, we do well to remember that hospitals and sanatoria should neither be intended as monuments to the generosity of donors nor to the artistic genius of architects, but are workshops intended for a specific purpose. That work is the cure or care of the sick. The patient's safety, comfort and happiness should be assured and efficient service guaranteed; after that it should be our aim to