

out of a jar of formalin or alcohol, is no more like the real condition as it exists in the wards than canned salmon is like a fresh-run fish.

The clinical surgeon has of late, I think, been a little too much under the influence of the experimental pathologist and bacteriologist. When some important surgical problem awaits a solution which cannot be effected in the ward or on the operating table, the clinical surgeon turns to his enthusiastic and obliging friends in the laboratories, who, in order to help him, straightway proceed with careful thought and gentle hands to sacrifice upon the altar of Hygeia some mongrel curs or a few of those tailless rodents which, so far as I can see, have been provided solely for the use of the experimental physiologist and pathologist. Then, because such and such a thing happens under such and such circumstances in the laboratory to the dog or guinea-pig, the experimental pathologist is apt to assume that in different circumstances it must happen also in man himself!

When in due course the pathological and bacteriological Atanasius formulates his creed, I am afraid that I shall be burned at the stake. But in saying this I trust that no one will jump to the conclusion that I would stop experimental research. Indeed, I think it absolutely necessary, and I am strongly of opinion that the life of a man is of more value than that of many sparrows (or guinea-pigs), and that the clinical surgeon is deeply indebted to the experimentalist for much invaluable collaboration. But if there is one matter more than another in which the work of the experimentalist has led to faulty generalisation from a clinical point of view, it is with regard to the course of certain tuberculous lesions.

No one will think, I trust, from what I have said, that I would underrate the work of the experimental pathologist; it certainly is not so, for I well know that it is to these workers that we owe our knowledge of the precise cause of diphtheria as well as of tuberculosis, of tetanus and erysipelas, and of many other serious diseases. And knowing the cause we have been enabled in many cases greatly to influence the course of the disease by treatment. Indeed, it would be almost impossible to over-estimate the practical value of experimental laboratory work both to the profession and to the public. Nevertheless, there are some of the public who, in their ignorant well-meaning and in their well-meaning ignorance, would once and for all stop such beneficent research. But stranger still, there are some members of our own profession in England who also try to get in the way of scientific progress. Fortunately, however, they have not the power of doing much harm!

Not long ago we used the words "strumous" or "scrofulous" when we were in a surgical corner; but to-day these indefinite terms are deleted from our nosology; indeed, they are without scientific meaning, and we now call *tubercle* by its proper name, our patients reaping the benefit of our greater precision.