

SOME CRITICISMS.*

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UNTIL a few years ago, there stood, in the North of London, an ancient and barn-like structure in which Liston, Erichsen, and Thompson had operated, and Jenner, Quain, and Reynolds taught.

Its chief interest to myself will always be that I had there the privilege of sitting at the feet of that most brilliant and versatile physician, the late Dr. Vivian Poore, who will, a generation or two hence, be recognized as one of the most sagacious of sanitarians.

But this barn-like structure has disappeared, and, surrounded by a wilderness of chimney-pots, there stands, in its place, a palace of red brick and terra-cotta, with turrets, pinnacles, and flying bridges, with marble halls and crystal corridors, to use the cant of specification, "all embellished with enrichments of approved design."

Here one sees gynæcologists dip their elbows in silver bowls that might have adorned Solomon's temple; here students imbibe instruction perched on marble slabs like oysters at the fishmonger's; here surgeons turn taps on with their feet, and here, on metal trolleys, patients whizz to and fro the theatre like chops on a hot-water dish.

With infinite pains the scientist and the artisan, supplied by the latter day philanthropist, have unconsciously mimicked the metal implements, the mosaics, and the marbles of Athens and Pompeii, and, with equal sedulousness, have excluded from the aid of London's poor what the peoples of Athens and Pompeii, our masters in a sepsis, knew so well how to employ—the beneficent agencies of fresh air and sunshine.

It is all very wonderful; but is it really right to spend half-a-million of money that, in Smithfield and Gower Street, successes be obtained, which, by the observation of a few simple rules, Alanson commanded at Liverpool one hundred and twenty-five years ago in a measure that in our time has been never surpassed and seldom equalled?

It is no doubt an admirable thing to see a gynæcologist lave his elbows in an inverted dish-cover that has cost fifty guineas. But might it not be better sometimes, for fifty pence, to take the patient to where there are fewer microbes, and perhaps fewer gynæcologists?

After visiting one or more of these marvels of plate-glass, opalite, and enamel, that in envious emulation of each other are so rapidly dotting the Metropolis, it seems no doubt a paltry and trivial thing to

* Paper read Friday, May 19th, 1905, at the Home Counties Branch of the Society of Medical Officers of Health.

have to persuade a district council that drains often mean disease, that cess-pools are a calamity, and that a house solidly built as the walls of Babylon may yet be unfit for habitation if its inmates have neither light nor air. And then to be told that one is really a little out of date; that sewer-gas is rather a beneficent afflatus; that typhoid is always due to oysters or watercress and has nothing to do with drains; and that, so far from tuberculosis having anything to do with wet soil, overcrowding, dirt, and foul air, it is really a matter best dealt with by little placards in the trams that he who rides and chews may read and yet not spit! I shall feel no surprise to hear one day that the sale of ipecacuanha ought to be prohibited. I am sure that to make the exhibition of ammonia and senega an offence, punishable by a fine not exceeding forty shillings, would be a legislative achievement welcomed by all moderate men.

May it not be that we, in our anxiety to be progressive, are losing something of our sense of proportion, and in more matters than even hospital construction? Do we not seem, to the public, a little like an association of fat boys eager to make their flesh creep?

In one decade we badger the public into acceptance of a sanitary gospel. In the next we declare our views of yesterday obsolete, and irritate our lay friends by abusing them for adhering to what we no longer call the true faith.

Dr. Newsholme, in his admirable essay on Diphtheria, has quoted from Sir Edward Fry a dictum which should be inscribed in letters of gold around every arena of medical discussion.

It is this:—"There is no physical or logical distinction between principal and minor causes, or between causes and conditions, in the case of two or more constituent parts of a cause, each of which is necessary, and none of which is by itself sufficient."

Accepting to the full the just conclusions of the bacteriologist, how false in logic and in science it yet is to state baldly, as is stated by one of our most eminent pathologists in one of our most classical compendiums, that "Tuberculosis is a disease caused by the *Bacillus tuberculosis*."

Just that, and nothing more.

How arrogantly superior persons now call pulmonary phthisis "Chronic pulmonary tuberculosis." Yet we know that pulmonary phthisis is not only a tuberculosis but a septic necrosis as well.

Even the subsidiary doctrine that phthisis is propagated by spitting, unless which one believes one is certainly condemned, may not rest on so assured a basis as is generally assumed.

For in fact it rests on the thesis that the *Bacillus tuberculosis* is an obligatory parasite, having no capacity for reproduction outside the