When considering a suitable subject on which to address you, I called to mind two admirable addresses given many years ago by two of my teachers in the Edinburgh Medical School. One was by the late Professor John Chiene, C.B., whose house surgeon I had the honour to be in Wards 13 and 14 of the Royal Infirmary. The title was "Looking Back." The other address, which impressed me at a later date, was given to the Royal Medical Society by that doyen of physicians in the Edinburgh Medical School, Sir Byrom Bramwell. This oration was delivered to a crowded audience at 7 Melbourne Place on 20th October 1922, the title being "The Edinburgh Medical School and its Professors in my Student Days." He began with the Professor of Botany and went steadily on till he came to, and described, the brilliant but combative Syme. Then he paused. I thought he had finished, but no: he drew a long breath and then gave us his impressions of Sir James Y. Simpson, Bart. He began thus:—"Simpson was, in my opinion, the greatest, by far the greatest, of my teachers." He then gave a vivid impression of this distinguished man's many gifts in a wide variety of subjects. He pointed out that many of the men he described "were very forcible personalities—strong willed, great controversialists, keen fighters." Towards the close of his address he said:—"The Medical Faculty in these days must have been a perfect bear-garden; fortunately times have changed with regard to these fighting tendencies."

Sir Byrom Bramwell's knowledge was encyclopaedic, and his power of imparting it, by lecture and at the bedside, was of a standard I have never since seen. He was an acknowledged expert in many branches of medicine. His publications were massive and authoritative. He published a standard book on Anæmia and Diseases of the Blood Forming Organs and Ductless Glands, another on Diseases of the Heart

Extracts from an address delivered at a meeting of the Medico-Chirurgical Society of Edinburgh on 21st October 1953.
and Aorta, others on Spinal Cord Diseases, Tabes, Aphasia, Intra-cranial Tumours—not to speak of three enormous volumes entitled An Atlas of Clinical Medicine, and his ten volumes of Clinical Studies, many of which can still be read with profit. Many other papers came from his pen—all personal efforts: there was no team work in his department—it was not required. The great American cerebral surgeon, the late Harvey Cushing, is reported to have said:—"If I don't get help from looking up Jonathan Hutchinson, I go to Byrom Bramwell." I am sorely tempted to continue on this theme and include my ever-beloved Chief, his son Edwin, in a eulogism of what father and son did for the Edinburgh Medical School in their day and generation. Their names will live as outstanding monuments to the high position attained by Edinburgh medicine during their lifetime. I should like here to pay tribute to the memory of my Chief, Edwin Bramwell, with whom I worked in perfect harmony for many years, and whose wards I inherited when he retired from the Royal Infirmary. No words of mine can adequately express the debt I owed him as friend, counsellor, teacher and confidant. He was tolerant of my many weaknesses, and encouraging when I sought his help and guidance. His thoughts were always for others, never for himself. It will be long before his like is seen again in this School. He not only had the traditions of the Edinburgh Medical School closely at heart, but he was the embodiment of the highest principles of what a great physician should be to his colleagues, his students and his patients.

I now wish to direct your thoughts to work carried on in the Edinburgh Medical School which became known throughout the world by the exertions and foresight of Sir Robert Philip on the one hand, and by Sir Harold Stiles, Sir John Fraser and Mr A. P. Mitchell on the other, in the fight against tuberculosis. Philip demonstrated the value of a well thought out plan for a co-ordinated system in the attack on tuberculosis to be known the world over as the "Edinburgh System." He was a "pioneer in the crusade against tuberculosis," the wording carved on a stone at 45 Charlotte Square where he lived for forty years. Stiles was the first to arouse the community to the dangers of bovine tuberculous infection in childhood by the consumption of infected raw milk. The work carried out by Fraser and Mitchell proved the correctness of Stiles' outlook.

Final proof of the etiological factor and infectivity of tuberculosis was demonstrated by Robert Koch on 24th March 1882 to the Physiological Society of Berlin. The tubercle bacillus—it mattered not in what organ the disease occurred—was the causative agent of tuberculosis.

The impact of this discovery on Philip's mind was conclusive, for he at once saw that tuberculosis must be classed as an endemic infectious disease, and its cure and eradication must be tackled along co-ordinated broad lines. Let me quote from his own writings on the impression
this discovery made on him. In a paper to the Tuberculosis Society of Scotland (1st July 1932: Trans. of the Society) entitled "Robert Koch's Discovery of the Tubercle Bacillus: Some of its Implications and Results" the following sentences occur:—"It so chanced that the announcement of Koch's discovery (1882) coincided with my graduation in Medicine. . . . The suddenness of the switch to the bacillary view, and its import, had, in my own experience, profound consequences. Work in a different field was interrupted and interest was vividly aroused. . . . It was a small group of trained scientists that listened to Koch's maiden speech in Berlin. . . . Each statement was supported by abundant convincing evidence, macroscopic and microscopic. His closing sentence was followed by a moment or two of silence, to be succeeded presently by a fervid outburst of applause and congratulation. The historic occasion was over. . . . Koch's classic monograph "Die Atiologie Tuberkulose" occupies less than eighteen pages in his Gesammelte Werke. It constitutes an amazing record. The simplicity and directness of statement are impressive. . . . The paper remains for all time a model of scientific statement."

In another address to the Tuberculosis Society (20th April 1934: Transactions), Philip makes the following further observations on the same subject: "My first glimpse of the bacillus was obtained in the embryological laboratory in Vienna (1882-83) where I happened to be working on the development of the trachea. The beauty of the demonstration and its collateral facts awakened interest beyond recall." Philip's reaction to this momentous announcement of Koch's is epitomised by Dr Harley Williams in his book entitled Doctors Differ. He writes "Philip turned Koch's purely bacteriological discovery into a social instrument. . . . He became a pioneer of the open air conception and method applied to city slums and ordinary domestic life." He became a leader in what is now termed Social Medicine.

On returning to Edinburgh, Sir Robert announced his determination to work at tuberculosis. He had grasped the full significance of Koch's discovery as the starting point for co-ordinating all the different methods of attack on this social scourge into an anti-tuberculosis organisation in an attempt at its eradication. Throughout the rest of his life he never wavered from this essential central viewpoint. He constantly deprecated the differentiation between medical and surgical tuberculosis. I feel certain he would have frowned on the present day outlook of regarding tuberculosis mainly as part of the problem connected with "Diseases of the Chest."

Dissatisfied with the attention to consumptive patients at the Royal Infirmary and at a large public Dispensary, Sir Robert, with the help of a few friends, founded the first Tuberculosis Dispensary in the world in the autumn of 1887—in Bank Street in this city. "Its CHIR.
object was to afford a central institution towards which all poor persons affected with consumption might be directed." The scope of such an institution was a large one. At this time one need not recapitulate the details, but two points at least in its function may be recalled. (1) "The selection of the more likely patients for hospital treatment, either of early cases for sanatoria, or of late cases for some incurable institution," (2) "The visitation of patients at their own homes, more especially of patients confined to the house or to bed and this for the double purpose of treatment and investigation into the state of the dwelling, the general conditions of life, and the risk of infection to others in the neighbourhood." This entailed visits by nurses and doctors (in which I took part) for instructional purposes, as well as to seek out contacts—what later was termed by Philip "The March Past," either at home or at the Dispensary. I hear rumours that the good old name of Dispensary is to be dropped for such a new fangled term as "Chest Clinic." The designation dispensary has always had an honoured place in the Edinburgh Medical School—the legal profession have copied us. "G.M. Thesis 1887."

Rapid expansion in the work took place, and in 1891 premises were rented at 26 Lauriston Place, for the Dispensary, which soon became overcrowded, and a move was made to Spittal Street in 1911 by the purchase of the former St Cuthbert's U.F. Church, to be converted into the new Dispensary.

Following on the establishment of the Dispensary, it was necessary to find accommodation for the tuberculous patients in suitable institutions for those with good prospects of recovery, and for the less fortunate who were hopelessly ill, and disseminating infection. In 1894, Craigleith House was rented as the Victoria Hospital for Consumption, being the first of its kind to provide treatment free of charge to the poor of this country. In 1899 this house was purchased and in 1903 extensions were completed. In 1904 Royal Patronage was granted, and the King gave approval of the name "Royal Victoria Hospital for Consumption." By 1905 the average number of patients was 71.5. Further extensions were opened in 1907. An open-air school was established in 1906 at the Sanatorium, and in the same year the civic authorities set aside wards (50 beds) in the new Fever Hospital for advanced tuberculous cases.

In 1909 a small country property, known as Springfield, at Polton, was purchased as a working colony. As funds accumulated, a Declaration of Trust, with a constitution and rules, was established; and on 10th July 1914 a new name, constitution and rules were adopted and the Royal Victoria Hospital Tuberculosis Trust, as presently constituted, came into being. Such, in brief outline, is the build-up of the anti-tuberculosis activities, known as the Edinburgh System for the cure and eradication of tuberculosis, up to the introduction of the Lloyd George National Health Insurance Act of 1911.
All this required considerable sums of money, for it must be remembered that voluntary effort was the only means available to support these schemes, apart from the beds set aside by the municipality for the treatment of advanced tuberculous patients. Philip was indefatigable in his efforts to raise funds. He had to organise bazaars, draft appeals, appoint committees and arouse interest in various ways to raise the necessary funds. I once heard him say, when he was planning one of his appeal campaigns, and doubt was expressed as to the advisability of this particular one, that he had never failed to raise the funds when required. He was a persuasive, persistent and successful worker in the field of voluntary effort. In urging the "fresh air cure" under sanatorium regime, he said that "Sanatoria should be founded in immediate relationship to the large centres. . . . It is consequently evident and emphatically advantageous, that the Sanatorium, or hospital for curative treatment, should be reasonably near the town chiefly interested." Space prevents due notice being taken of Philip's urge in 1890 for compulsory "notification" of the disease, and the interesting, but tardy, progress made in this direction. (Pulmonary Tuberculosis in Edinburgh, March 1907; all forms of Tuberculosis, Scotland 1914). Reference should also be made in some detail—but space forbids—to the pioneer work of the late Dr David Lawson of Ndrach-on-Dee. He set up the first Sanatorium in Scotland for private patients in 1899 at Banchory.

In 1887—the year the Dispensary was founded—Philip submitted his M.D. Thesis, for which he was awarded a Gold Medal, on "An inquiry into the actual causes of death in Tuberculosis."

In 1911 Philip was awarded the Victoria Jubilee prize from the Royal College of Physicians of Edinburgh.

When the National Health Act of 1911 came into being, the tuberculous patient had a right to free sanatorium treatment, but at that time there were hardly any sanatoria. The Astor Committee was set up to advise the Government as to how best to handle the problem of the tuberculous invalid. Fortunately, Sir Robert was a member of this committee, and the Edinburgh Scheme, now fully developed and working well, was finally accepted as the plan to be adopted throughout the country as the official policy. As far back as 1908 Philip was aware that 67 dispensaries had been set up in the State of Pennsylvania on the lines of the Edinburgh model. A map illustrative of this fact used to hang in the Dispensary Lecture Room.

In 1914 the whole of Sir Robert's anti-tuberculosis equipment, i.e. Dispensary, Sanatorium and school, and Colony were handed over to the Edinburgh Municipality as a free gift—they already had beds for advanced cases—with the proviso that full teaching and research facilities were to be given to any Lecturer or Professor of Tuberculosis whom the University might appoint. In 1917 the Royal Victoria
Hospital Tuberculosis Trust gifted £18,000 to the University for the foundation of a Chair of Tuberculosis, of which Sir Robert Philip was the first incumbent.

He delivered his Inaugural Address on 18th April 1918 and discussed "The Present-day Outlook on Tuberculosis." He stressed the unity of tuberculosis in its infinitely various manifestations. He reminded his audience of the universality of the disease by quoting the oft repeated figures of Nägeli of Zurich and Reinhart of Berne and told his audience that for twelve months up to 31st January 1918, there was a total of 650 cases of tuberculosis treated in the Royal Infirmary. (In 1924 Dr T. R. R. Todd published in Edinburgh his figures indicative of the universality of infection of the tubercle bacillus.) In this address he made the following prophetic statement:—"There is ground for believing that from the further development of chemo-therapeutic experiment we are likely to obtain results in the treatment of tuberculosis comparable with our success in syphilis." He also touched on research problems.

He took great trouble with his twice-weekly lecture demonstrations carried out in the summer and autumn terms, along with small practical sections of the class. He seldom absented himself despite the many other calls on his time. Much more could be said of his activities, but lack of space prevents more than a passing reference to the fact that he was one of the three founders of the Tuberculosis Society of Scotland in 1921 (Philip, Struthers Stewart and Hewat). He frequently referred to tuberculosis "as a vicious by-product in an incomplete and ill-formed civilisation," and the pulmonary manifestations of the disease were to be regarded as late visceral manifestations of a tuberculous infection, and not just a disease of the chest. He was vastly impressed by the toxic, or systemic, phenomena presented by many cases of tuberculosis. These phenomena are frequently far in advance of the active detectable local lesion in lungs, glands, joints or kidneys. This outlook was first emphasised in an address given to the B.M.A. in Belfast in 1898 where he laid before his audience his scheme of classification so well known to his students, but not adopted as freely as one might have expected. In the same address he refers to the fact that the seed of tuberculosis is sown in childhood, and in yet another address he says "It is perfectly clear that the chief influence lies with the general body of practitioners" to attack the ravages of the disease and diagnose the early cases.

Philip became interested in the diagnostic and therapeutic value of tuberculin at its inception, and never lost his original view as to the value of tuberculin in diagnosis and treatment. Listen to his description of obtaining his first sample of Koch's tuberculin. "The terms used by Koch in his communication regarding tuberculin as a remedial agent (Deut. Med. Woch., Dec. 1890) were simple, clear and temperate. He was not responsible for the excited enthusiasm, medical
and lay, which knew no bounds; nor for the mad rush of sick and
dying to Berlin; nor for the inevitable disastrous reaction which,
like the initial excitement, was exaggerated and bore little relation
to the facts. I can never forget Koch's personal kindness in the midst
of turmoil. When I visited Germany in December 1890, Berlin
presented its coldest wintry aspect; but Koch's reception was most
friendly when, armed with an introduction from the revered Virchow
(who was already definitely critical to tuberculin), I obtained from
him a small flask of the brown-coloured fluid. Accepting his personal
testimony, and the evidence submitted by reliable colleagues, I com-
menced observations immediately on my own account." In 1891
this Society heard Philip's views on this subject as seen in Berlin,
and with some cases treated in Edinburgh. It is an old story now,
but Philip's persistence in urging the use of tuberculin showed great
determination amidst much opposition.

Our Society had the opportunity of hearing other papers from
Sir Robert on his earliest work, published in our Transactions. Most
of his important addresses to medical, or mixed, audiences were
published in various journals, and many were collected, shortly before
he died, into book form. It is not possible to quote from many of
them—I have already given several quotations, and my final one is
from, in my opinion, the most valuable paper he ever wrote. It
is entitled "The Effects of the Anti-tuberculosis Campaign on the
Diminution of the Mortality from Tuberculosis," and was delivered
to the Fourth Conference of the International Union against Tubercu-
losis at its meeting in Lausanne in 1924.

In this address he refers to the remarkable fall, and the more
recently accelerated fall in the death rate from tuberculosis in the
countries where well organised schemes of anti-tuberculosis activities
are at work compared with the figures available in countries where
such schemes have not been so fully developed. In this address he
quotes his famous cablegram sent on the invitation of the promoters
of an important tuberculosis conference in New York State in 1910.
The organisers had submitted their programme to Philip, and asked
him what might be expected by its active propagation. The reply,
dated March 1910, was as follows:—"Prosecute great program
proposed: Watch child as potential seedling: Correct faulty com-
pulsory environment and expect 40 per cent. reduction by 1920, and
practical disappearance in a generation and a half." What was the
result? By 1920 the mortality from tuberculosis in New York State
had been reduced by more than 35 per cent. and in New York City
to a still greater degree, despite the occurrence of a European
war, towards the end of which the United States was actively
involved.

In one of Philip's addresses, delivered in 1919, he made another
prophetic announcement. "We hear much about a State Medical
Service. In some shape or form it is clearly coming. Whether it comes sooner or later one thing is certain, that the success of the service will depend on recognition of the principle that the doctors of the nation must become the health guides of the people, overseers so to speak in the garden of health. In the first act of respiration the child sets its own oxygenating machine in motion. Food we can do without for days, oxygen not for a minute."

Philip was a superb medical statesman. He was unsurpassed as a chairman, had a clear business head, was unrivalled as an organiser and administrator. It is known that on account of age he declined an opportunity to go to the House of Commons. The University of Edinburgh considered the question of creating a Chair of Preventive Medicine for Philip's acceptance, but this suggestion he turned down. He was knighted in 1913.

I must now very briefly and inadequately refer to Sir Robert Philip's later activities. After the establishment of the Chair of Tuberculosis in Edinburgh, Philip felt that further developments were called for in the crusade against tuberculosis outside municipal control, and he persuaded the R.V.H.T.T. to acquire Southfield House in 1919 to allow of a centre for research where all types of tuberculous cases could be admitted from a wide area. This move led to the leasing of Gracemount Farm, and the establishment of a T.T. herd of cows (1922). The success of this project was largely due to the energy of Mr T. J. Carlyle Gifford, W.S., LL.D., and Mr John Johnstone. In 1924 a fully equipped research laboratory was added, and a children's block planned in 1930 and opened two years later. New X-ray equipment was added as occasion demanded, and other suitable additions were made to the main building and in the grounds of the Sanatorium.

Before the Government took over all this equipment, Gracemount House and estate was purchased in 1947, to secure the farm and provide a new Nurses' Home, at a cost of £30,000. In 1948 the hospital buildings were transferred to the South-Eastern Regional Hospital Board: and in 1950 Gracemount Farm was handed over to the University of Edinburgh, under the Professor of Agriculture, as a gift from the R.V.H.T. Trust. This is now known as the Sir Robert Philip Memorial Farm.*

Much more could be said about Philip's other activities and interests, but lack of space forbids. I must however give a short list of some of the other appointments held by him at various times. Physician to the Royal Infirmary, President of the Royal College of Physicians for the unprecedented period of five years, President of the Tuberculosis

* (For all the details of the set up and development of the various anti-tuberculosis measures organised by the R.V.H.T. Trust under Sir Robert Philip's guidance, I am immensely indebted to Mr J. H. A. C. Crawford, C.A., Secretary and Treasurer of the Trust.)
Society, a Lister Trustee, a Vice-president of the National Association for the Prevention of Tuberculosis—necessitating frequent visits to London—Chairman of many medical committees, a member of the Board of the Royal Edinburgh Hospital for Mental Diseases, and President of the British Medical Association in 1927 in his seventieth year.

While all this work and progressive outlook towards the cure and eradication of tuberculosis was being developed by Philip in Edinburgh and elsewhere, the greatest possible stimulus to scientific research in the subject of tuberculosis was aroused by the astonishing announcement made by Koch in 1901 at the International Medical Conference in London, presided over by Lord Lister. Koch put forward the view that the bacillus of human tuberculosis was incapable of producing tuberculosis in bovines, and further that the bacillus of bovine tuberculosis was to be considered as practically incapable of transmission to man, and that consequently the danger of contracting phthisis from milk and meat of tuberculous bovines need no longer be guarded against. Lord Lister grasped the difficulty of proving such a proposition and said that Koch's views as to the failure of transmission of human bacilli were "exceedingly conclusive." Cobbett states that he continued by saying "The converse proposition that bovine tuberculosis is incapable of development in man was a totally different one—it did not follow necessarily from the first—and the evidence of its truth which has been brought forward did not seem to him very conclusive." Koch's announcement raised a storm of opposition from such authorities as Nocard, Bang, Woodhead, McFadyean, Crookshank and Delepine.

Great Britain appointed a Royal Commission which carried out liberal investigations. Edinburgh took its fair share of research work, chiefly in the Royal College of Physicians Laboratory, stimulated to a very large extent by Sir Harold Stiles, who expressed the view that much tuberculous disease in children was due to bovine infection by the bacillus. It is probably true to say (National Association for the Prevention of Tuberculosis—Book 1952—Non-pulmonary tuberculosis of bovine origin in Great Britain) that Dr J. P. Watt, M.O.H. Aberdeenshire, in his Annual Report of 1907 was the first to mention bovine human infection of tuberculosis in Scotland. He described two cases. Sir Harold Stiles was one of the first surgeons in Scotland to realise the havoc wrought by bovine tuberculosis in children from infected milk. He embarked the late Sir John Fraser, Bart., and Mr A. P. Mitchell on research work on bone and joint tuberculosis in the one case, and cervical glandular tuberculosis in the other. Sir John Fraser's studies on this subject of bone and joint disease was pioneer work, known to you all. In 70 cases of bone and joint tuberculosis in children, he found 60 per cent. to be due to the bovine bacillus. Mr Mitchell's figures were even more startling, viz.: In 80 consecutive
cases of tuberculous cervical adenitis he gave 88 per cent. due to bovine infection. He carried out his researches into other glandular areas—tonsils, abdominal glands, etc. He further made extensive investigations into the milk supply of the City and collected 406 samples of milk from the same number of milk shops. This research was carried out by inoculating two rabbits with the centrifuged deposit from each sample of milk, with the appalling result that 82 samples showed live tubercle bacilli. About the same time Professor James Miller did a series of 100 samples of milk and got 13 per cent. positives.

Mr Mitchell's work was largely instrumental on the Government introducing the Milk and Dairies Act for both England and Scotland. From the result of his investigations it was easy for him to urge, forty years ago:—

1. Eliminate tuberculosis from cows.
2. Boil all milk.
3. Breast-feed children. The first recommendation has taken a long time to accomplish!

Before these results were published, Sir Harold was convinced of the evil effects of milk infection; and in an address given in America in 1912 he related the following ghastly tragedy in a wealthy family living near Edinburgh, where every care to guard against milk infection was supposed to be taken. Here is the story:—"I was asked to see a baby whose mother thought it was suffering from the effects of teething. On examination, the child was found to be suffering not only from multiple tuberculous dactylitis of the hands and feet, but also from tuberculous disease of the upper jaw, of both frontal bones, and of cervical and mesenteric glands. Death occurred six weeks later from tuberculous meningitis. The parents were both free from tuberculosis, as were the other children. On inquiring into the milk history, I was informed that two cows were kept on the home farm for the special use of the household. They had both been tested and neither had reacted to the tuberculin test, which had been applied six months previously." The cows were probably too tuberculous to react. They were slaughtered, and as Stiles suspected, were suffering from general tuberculosis, one having a tuberculous udder.

As many of you know, Harold Stiles' operative work on bones, joints and cervical glands was of a very high order. He did much to show the dangers of feeding children on raw unheated milk from non-attested herds. What has been the result of this pioneer work? Much has been done, but it is disconcerting to read the following statistics from the N.A.P.T. booklet on non-pulmonary tuberculosis to which reference has already been made. I must restrict myself to a very few quotations relative to Scotland from this authoritative publication (1952) on work done during 1943 and 1944:—

1. During the war (1939-1945) an increase in tuberculosis was noted in Scotland, nearly one-half of the deaths from tuberculosis of those under fifteen years being due to meningitis.
2. The types of tubercle bacilli causing
non-pulmonary tuberculosis, viz. meningeal and surgical (lymphatic glands, bone and joints, abdominal and genito-urinary system) were investigated for the whole of Scotland. Of a total of 1051 strains isolated, 823 (21.7 per cent.) were bovine. (3) Of the 560 strains from meningeal, 11.1 per cent. were bovine and 33.8 per cent. of the 491 from surgical cases. The bovine percentage varied in different regions. (4) Nearly 80 per cent. of the cases infected with bovine bacilli habitually consumed raw milk as against 46.5 per cent. of those infected with human strains. It may be that things have improved since 1945, but I have seen no later statistics to submit on this point.

During my lifetime the progress of the attack against tuberculosis has gone steadily forward; but despite the Scottish mortality rate now being 32 per 100,000 for all forms (1952) there is no reason for complacency. There is no sign of a drop in notifications of cases which now reaches 40,000 in Scotland, and the figure is rising. It should be remembered that this heavy figure is more than double that of 1938 (17,465).

Any of you interested would do well to read the Presidential Address on “Complacency or Conquest” to the Tuberculosis Society of Scotland by Dr R. Y. Keers of Tor-na-Dee, who was a student of Sir Robert Philip, and has studied tuberculosis from all its varied aspects for a quarter of a century. I restrict myself to only one short quotation: “So far there is no startling fall in morbidity to sustain the assumption that tuberculosis is a dying disease.” We likewise remember that wonderfully concise picture of the present-day situation given to this Society in May 1953 by Dr Christopher Clayson, now President of the Tuberculosis Society, who studied so fully under Philip, and absorbed his wide outlook on this terrible disease. As many of you know he has worked earnestly at his subject for over twenty-five years, and mastered every aspect of this complex problem in the clinical and research approach, together with academic, administrative and teaching implications in the varied approach to the cure and eradication of this social evil. His paper to our Society will be published later in fuller form.

If I can dare venture to advise those presently occupied with the study of tuberculosis and its eradication I would say, devote your full energy to attacking the disease as a whole in its earliest manifestations, remember the Philipian principles, as true to-day as when first enunciated, specially the “March Past,” which should be carried out in great detail. Do not allow yourself to be side-tracked into the belief that the bulk of tuberculosis is merely a branch of pulmonary disease to be grouped under the misleading term of “chest diseases.” Certainly, the late visceral manifestations of the disease, when the lungs are involved, require attention as any other pulmonary infection may require; but the sounder approach of a search for the earliest
manifestations in every part of the body would repay abundantly. Our new President (Dr Douglas Robertson) has already done excellent work in committee and in his practice on this difficult subject, and I trust he will continue to give his expert advice and help in the proper quarters to those on whom great responsibilities now lie in the final effort at eradication of this social scourge, and the employment of new treatment. Dr Robertson has far-reaching and intimate knowledge of this fell disease from the angle most valuable to assist in its eradication—the practice of his profession amongst his patients in their own homes, where true clinical research can best be carried out.