AT THE DOOR OF OPPORTUNITY.

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As President of the Section, it is my duty to conform to custom and give an opening address. On what subject to speak has been a matter of anxiety to me. I have looked through the addresses of some of my predecessors and find that no one of them has been able to take advantage of the occasion and expound some new and epoch-making theory or announcement, but rather they have confined themselves to generalities. Much as I would like to have been in a position to break away and tell you something new, facts are too strong for me and I am forced to conform to precedent and to speak rather of the general than the particular. That I do so, I ask rather for your sympathy than for your criticism. Having thus expressed my weakness, I make the further confession that, having no axe of my own to grind, I speak as the detached man. Pardon me for reminding you what a rare and precious gift is the art of detachment. It is the gift by which a man may so separate himself from a life-long environment as to take a panoramic view of the conditions under which he has moved and lived, or of the subject in which he has been most identified and interested; in other words, it is that gift which frees us sufficiently to see the realities as they are, the shadows as they appear. Now, I do not claim to have gained the precious art of detachment, but I have striven for it and, so far as I have been successful in respect of preventive medicine, I would lay bare to you my thoughts on some aspects of that subject to which this Section is specially appropriated.

As might be expected, I find some changes after an absence of years, and it is not very easy to pick up dropped threads and re-orientate myself. I have the feeling that we have been like travellers in a mist, and that now, as we issue from that mist and take our bearings on a new horizon, we find ourselves happily not far out from our reckoning: perhaps, still far from the summits which are our goal, yet we have reached a rise in the ground whence we can get a good view of the country before us. To a large extent, we have journeyed so far only by half-conscious instincts, but now, I think, we have a legitimate hope to go forward in the light and discretion of reason. I mean by this that we have shed some misconceptions and have a good chance of advancing on better lines. Of misconceptions cast aside, I would mention the notion that disease is an entity and a thing to be opposed or frustrated much as the occupants of a stockade would attempt to exclude a would-be intruder. As you all know, we take

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another view now as to the nature of disease. Another misconception I gladly see have been jettisoned is the view of preventive medicine which restricted its scope to environmental questions and the amenities of external sanitation. In the field of administration I find most of the old cumbersome anomalies, leading to confusion and overlapping, to be still existing but the formation of a Ministry of Health promises well for simplification and unification in respect of such questions as general sanitation, housing, epidemiology, infectious diseases, maternity, infant welfare, health insurance, tuberculosis and venereal diseases, with co-ordination of the hygienic activities of other departments such as the Board of Education for the school child, the Home Office for industrial hygiene, and the Board of Agriculture for food control.

In this way, preventive medicine as the chief handmaiden of the new humanity enters on a new stage. On this advance and prospect we rightly congratulate ourselves but, before developing my theme, I am sufficiently old-fashioned to enter the plea for grateful thanks to those who have gone before and prepared the way. In this homage, I recall to your memories the names of John Howard, John Pringle, Robert Owen, Lord Shaftesbury, Edwin Chadwick, Benjamin Hall, Edmund Parkes, Francois de Chaumont, John Simon, George Buchanan, Farr, Seaton, Netten-Radcliffe, Ballard, Thorne Thorne, and many others. To many of this generation I fear these names are little known, but those who are familiar with the evolution of what we call preventive medicine will appreciate the significance of this nominal roll. Who knows but that this "circle of the wise" may still look down on us and see the gatherings in which they play no part and in which too often their names are neither invoked nor blessed. I would repair the omission and say that ours is the loss, since to us, distant in humanity, the need is ever present to cherish the memories of the men who in days of trial and hardship laid the foundations of the present structure on which we pride ourselves.

Whatever may be our justification for self-congratulation, it is necessary that, as regards the present and the future, we do not lose our sense of perspective, that we recognize our weakness as well as our strength, our limitations as well as our possibilities. The astonishing victories gained during the last fifty years by preventive medicine are known to you all. Vast sections of the population live healthy lives; at all ages there has been a reduction in the death-rate; the expectation of life at birth has risen in the case of males from 41 to 51 years and in that of females from 44 to 55 years; the infant mortality rate is well below the ten per cent line; we suffer a relatively light burden from some epidemic and infectious diseases and many gross forms of disease have practically disappeared, while whole groups of tropical disease have come or are coming under control. On the other hand, we have a steadily falling birth-rate, a still unnecessary loss of life in infancy and before birth, nearly 100,000 fresh cases of tuberculosis occur annually, a similar number of diphtheria and
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scarlet fever cases and upwards of a million cases of measles each year. Further, one-sixth of the children of school age are so dull and backward mentally as to be unable to derive reasonable benefit from schooling, half of the school children are in need of dental treatment and one-twelfth of the children are so defective in eyesight as to be unable to take reasonable advantage of their lessons. The expenditure on sickness and disablement benefit returns under the system of national insurance denote that more than half of these people claim and receive treatment representing an aggregate loss of working time equal to many thousands of years per annum and most of which was due to what should be preventable sickness. Similarly, a recent Report on the physical examination of over 2½ million men of military age shows that only thirty-six per cent of them were of normal health and strength and that of the remainder nearly forty per cent were of a very low physical grade. These imperfections in the national health balance sheet coupled with our demonstrated helplessness when an epidemic like influenza sweeps through the world and claims 100,000 deaths amongst us, as it did less than two years ago, gives food for thought and the realization that we still have much to learn and much to do.

This evidence of weak points in our national health balance sheet is all the more striking when we recall our potential capacity to control disease among large masses of soldiers in the late war. The success achieved in the war area and various military communities was undoubtedly of a high order and particularly gratifying to me as one who had been for many years an evangelist of the goddess Hygeia in the army. However, I am reluctant to lay much stress on the facts because the hygienic administration of disciplined groups is easier than the corresponding administration of a general community. We in the army were fortunate to possess a disciplined population and a perfected organization which permitted of action for the community as easily as for the individual. Moreover, I am not unmindful of the fact that the army sanitary organization received the valuable help of some of the most capable sanitarians from the civil side. If there is one lesson more than another to be derived from our war experiences, it is the value of laboratory work as applied to the prevention of disease and the efficacy of simple materials and simple methods used in an intelligent way. To go further than this seems to me to be unwise.

Notwithstanding some large items on the wrong side of the national health balance sheet, I take an optimistic view of the future of preventive medicine but, as an onlooker, I cannot conceal from myself that there are weak points. It is too early yet to see the effects of the newly formed Ministry of Health, and, judging by its utterances, its actions promise to be based on sound and comprehensive principles. I welcome it as a great advance and the harbinger of great things to come, if only as a co-ordinator, director, developer and unifier of forces which hitherto have overlapped or worked independently of each other. I foresee that it will be more than
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that, but the problem which it faces is complex to a degree and the measure of its success will be judged by its organization of an ordered and systematic attack on the strongholds of preventable disease, particularly that mass of crippled invalidism which is steadily undermining the capacity and efficiency of the masses. The essential partners in this attack are the public and the profession of medicine, or, what is the same thing, the health of the community depends mainly on three factors: namely, the good mother, the good general practitioner and the good health officer.

As affecting the public, the outstanding needs at the present time are the dissemination of knowledge among the people so that they may know how to secure and preserve personal health, coupled with measures to ensure that the masses exist under such industrial and domiciliary conditions that their knowledge may be put into practice. In this, as in other spheres of human activity, ignorance is the chief danger. It is not too much to say that in proportion as knowledge spreads in a population, disease and incapacity decline. As in the individual so in the community, knowledge is the sheet anchor of preventive medicine, knowledge of the way of health, knowledge of the causes and channels of disease, knowledge of remedy. That great and far-reaching efforts have been made and are being made to enlighten public opinion on the theory and practice of hygiene is well known to us all, and the progress made is encouraging for even greater efforts. But, in respect of domiciliary conditions we have much lee-way to make up. It is familiar to us in the great housing problem of to-day. Some aspects of this question will be discussed in other sections of this Congress, and it is inappropriate for me to enlarge on the subject, but I am tempted to say this much: Who is there here who is not familiar with the beauty of some parts of certain old English towns? And who can deny that our houses were beautiful when the nation was relatively poor and are horribly ugly now when the nation is relatively rich? Squalor and ugliness threaten to overwhelm us under the mistakes of the past and yet beauty beckons to us among the promises of the future. I often wonder whether the powers that be in these matters have any policy; if not, is it too much to ask that a policy be thought out? We need and must have beautiful towns and cities, but, at the same time, we must do away with the disfigurement and destruction of the rural belts surrounding them. The garden city is the product of a confusion of ideas and gives us but innumerable doll's house plots and a series of pocket squares of mown grass. The truth is, the town or city belongs to the commerce of men and should be concentrated. For the sake of the country and for all it can do towards feeding us let us cease to sprawl over it with our houses, and still more for the sake of our towns let us develop them intensively. There is room in this city to house four times the existing population, while arranging for open spaces eight times their present extent. Let us prescribe limits for our towns and draw lines of circumference around them in the future.

And as for our future industrial expansion, the ideal is that it be rural.
The human case for it is overwhelming while modern transport and the electrical transmission of power make it feasible. In place of so-called garden cities, I would prefer to see industrial villages whence the factory worker could reach and be a real sharer of the true country, where, in his spare time, he could be a producer from the soil instead of a consumer of cheap luxuries in a town. Meanwhile, our towns themselves should contract in place of expanding, and should rise instead of spreading. In this conception, I do not visualize new monstrosities heralding a new gloom but reasonable development whereby height, by economizing space, might be made to give ample housing accommodation in conjunction with increased facilities for the ordered and open life of the dwellers in the community. Neither do I favour the building of huge sky-scraping tenement dwellings, nor am I unmindful of the value of one home, one family and one garden for all. But we must be practical and realize that all which is desirable is not necessarily possible, and that for the sake of the greater number we must safeguard our rural areas by concentrating our towns. If we continue to go on in the future as we have done in the past, there will be no rural areas left to us. In thus referring to the housing problem, I plead for some clear thinking, before it is too late. Let us avoid the mistakes of the past and think out what we really want, but, above all things, let us prevent the next generation being forced to realize that they can never have wanted what they have got. Unless I misread the signs and the words of legislators, it seems to me that the inhabitant of our future town or city is doomed to the listless contemplation of his own and his neighbour's insignificance; he will have the benefit neither of country nor of town. I hope that I am wrong.

Now, as to the other partner. Although, there are many forces inimical to the State and to the public health which lie outside the province of medicine, still the driving force behind any Minister of Health must be and will be the profession of medicine, but, true as this may be, we must not forget that the power of that force and the readiness of the community to accept its guidance will depend upon the degree of confidence which the profession can inspire both as to its knowledge and the methods of applying that knowledge to the general good. That being so, the question is, where do we fail and what are the weak points? We are all agreed that disease is a failure or discord in the interplay of the various factors which go to make up the physiological drama of man's body and the economic-social drama of his life as a citizen. Health is the dynamic balance of those factors and ill-health or disease the discord or failure of the correct reciprocal interplay of the factors involved. It follows then that the first adventure of disease prevention must be to search for and investigate the origins of disease. The pertinent question suggests itself here: is the search to begin at the larger disturbances of the reciprocal interplay of factors or is it to be at the minor and incipient variations? If we think for a moment of how the sources of great rivers have been discovered, we
find that the best results have followed the systematic working up of streams and to me it seems that on a similar method of tracking back from the main branches of disease, noting stages, unravelling complications and comparing their features and directions in men, animals and plants, we are more likely to find their several origins than by studying only the areas where they are less differentiated.

Adopting this view, it is obvious that the problems of preventive medicine arise where the individual citizen lives, that his home and workplace are the fields for inquiry. For this reason the general practitioner is or should be the real fighting man of the cohorts of Hygeia, and much will depend upon how well he can carry out partly or wholly the investigations which are necessary. The elucidation of the early signs of disease as presented by casual symptoms, and a right understanding of the law of associated phenomena alone offer a vast field of work for the general practitioner, to say nothing of a whole string of diseased conditions which I need not enumerate. Besides, there is other work open to him. Our present classification of disease is based upon what we find in the dead, and the idea prevails that ailments can be classified according to gross structural changes. Many persons are ill with no structural changes, their only signs of disease are distressful sensations. We want to know what these sensations mean, and what is their relation to the central or common cause which upsets the balance of the different organs and symptoms. Again, we waste vast sums on drugs and yet we know little as to the real effects of many remedies. In making known and analysing the action and uses of many drugs which he employs, a vast field of useful work lies open to the general practitioner. But if we expect and desire the general practitioner to play this ideal and necessary role he must be helped and be provided with better facilities than he now commands. Fitful progress is being made in this direction, but it is the exception rather than the rule. Our present-day and future policy should be to remedy this and directed to making each local authority have so clear and serviceable an apprehension, both of the problem and its own share as to the means of its solution, that in each area there exist full local facilities for the general practitioner in respect of clinical and pathological laboratories, clinical centres for consultant advice, and co-operation with colleagues in his vicinity and easy access.

If this policy could be developed and made universal throughout the land, I foresee great advances and not a little by the agency of the general practitioner. I confess to great sympathies with these outposts of preventive medicine. Too long they have struggled against hopeless conditions, without laboratory facilities, without clinical centres or hospital accommodation and without or with only partial auxiliary aids such as nurses, midwives, dispensers and expert lay workers in electrical treatment and massage. No imposing hospitals will bring curative and preventive medicine into the homes of the people, that can be done only by the general
practitioner. He is the man to whom comes incipient disease, and if it is
to be diagnosed before real damage is done, he must do it by the careful
analysis of symptoms, by the use of laboratory methods and by the study
of the whole art and science of prognosis and prevention. By providing
him with means to help himself, I feel sure that in matters of health and
all that pertains to the welfare of his district the general practitioner will
indeed be the father of the people.

The recommendations made in respect of this matter by the Consultative
Council of the Ministry of Health whereby secondary and primary health
centres are proposed to be established are a great advance and a recognition
of the views just expressed. In its broad outline, the scheme supplies
that proper linking up between centre and periphery which so long has
been wanting in the organization of the health services of the country,
but, it must be remembered that the economic circumstances for the orderly
working out of our sanitary salvation are far from promising. In this
as in other matters, we need to be patient and also encouraged because
the connexion between the general practitioner, the consultant, the specialist
and their auxiliaries, as well as the ways in which domiciliary and institu­tional treatment affecting each class have been well thought out and a
scheme presented full of promise for better things. Optimistic and hopeful
as I am as regards this question, I am tempted to utter one word of warn­ing. Let us not forget that; as the provision of medical service extends,
the Ministry of Health will acquire an increasing control over medical policy
and consequently over the medical profession. I shall watch developments,
with keen interest, but I shall be sorry to see the centre of gravity of a learned
profession drift into the hands of a Government Department. Professions,
like nations, have need of self-determination, and the advocates of vocational
representation will need to see that the principle is not lost to view.

The remedy appears to me to lie in the formation of local medical con­sultative councils with functions analogous in their relation to the local
health authority with that of the consultative councils of the Ministry of
Health, coupled with adequate direct representation of the profession on
all administrative bodies connected with public health.

There are, however, some other aspects connected with the general
practitioner in relation to preventive medicine which should be borne in
mind. Undoubtedly, the general practitioner could do much good work
in furthering the objects of disease prevention by a timely understanding
of early symptoms and signs, but we must remember that the prime
function of the general practitioner is to treat disease, and that the public
ever regard him in that light; and it follows that his potentialities in
respect of preventive medicine are likely to be indirect and secondary to
curative medicine. In the sphere of preventive medicine, the employment
of whole time officers of special training is inevitable and not replaceable
by general practitioners, but I cannot but think that a closer cooperation
between the work of those officers and that of the general practitioners
might be organized. The administration of the Public Health Acts has not only failed to attract the sympathetic co-operation of the general practitioner, but I fear it has sometimes tended to divorce his interest in the work. This is to be regretted as the opportunities to do good preventive work come daily to the general practitioner. Therefore, if the work and position of the general practitioner is to develop along proper lines, he must be given a definite place in the scheme of preventive medicine, more especially in such spheres as pre-natal work, infant welfare, national health insurance and the Poor Law service. This and cognate problems can only reach a satisfactory solution by a root and branch reform of our public health procedures and organization, and doubtless will receive full attention when public health administration is revised and remodelled. But even so, quâ preventive medicine, is all well with the general practitioner, either as a student or as a finished product of the schools? I am afraid not. If he is to take any important part in the prevention of disease in the future, he must be taught prevention systematically and thoroughly as a student. I recall my own student days and how small, if any, a part the prevention of disease occupied in my studies as compared with the diagnosis and treatment of disease already existing. It happened that I went into the army and there I was confronted at once with the preventive side of medicine, and found that I had much to learn which should have been taught me before. I was forced to think as much of the unit aggregation of men as I was of the individual man. I believe things are somewhat better now in the medical schools, but, judging by what I have seen and heard among young graduates there remains yet more to be done. The aim of medical education should be not only to turn out expert clinicians, but also to produce a body of practitioners with enthusiasm for prevention and with sufficient knowledge and interest to make certain that some, if not all, will contribute to the future progress of preventive medicine. The immediate dramatic appeal may be wanting as compared with the successful treatment of some urgent case, but viewed in full perspective it is obvious that where the treatment of diseased persons deals with individuals, successful prevention affects thousands, and has a far-reaching effect upon human happiness and progress by eliminating that worst of handicaps, called ill-health. Do not think that I am advocating more lectures to youths, far from it. What I do advocate is some scheme whereby the student should be brought into contact with the realities of epidemiology and preventive medicine. This well might be done by developing in each centre of learning a preventive medicine investigation bureau with a suitable and competent investigator in charge. In such an epidemiological laboratory, systematically supplied with all the information which is received in the routine course by the public health departments, central and local, individual or groups of students could be made to follow the history of various outbreaks of disease, to note the waxing and waning statistics of morbidity, to realize the action taken by the sanitary authorities
and to receive expert opinion and explanation of why and wherefore. True, the sense of responsibility would not be there, but the student in such an atmosphere of facts and reasoned action, based on those facts, would appreciate and grasp the essence of scientific prevention of disease. Given such an insight into the meaning and working of the public health service, the young practitioner would start life knowing that in each town or village of the country there are some eight or ten governing bodies concerned with public health, supervised, aided or directed by a similar number of central departments of the State. He would be familiar with the principal means of administration as it affects domiciliary and institutional treatment and thus realize the essential unity of curative and preventive medicine, and that he is the first line of defence and attack in the warfare of disease prevention. I question whether this view is sufficiently grasped by the profession as a whole, and it is to urge its importance that I have dwelt upon the point.

Notwithstanding that I have occupied so much of your time in expressing views as to the outposts of the organization for disease prevention, I ask your indulgence for the expression of some thoughts concerning the actual staff officers of that service. I refer to the officers of the central departments and to that great and honoured body of men known as medical officers of health. Other than express the hope and conviction that it will press forward the initiation and direction of Research, I would say little as to what I think the Health Army Council or Ministry of Health should do, because I feel that if it can but do that which the Ministry of Health Act, 1919, empowers the Ministry to do, then it will, indeed, have justified its inception and the grateful thanks of the community. With the Central Research Committee as a controlling nucleus, the development of local centres of research throughout the land appears to be within the range of practical politics, and I have reason to think that such is the policy which occupies the thoughts and aims of the able and far-seeing men who at present control the new Ministry of Health. It is for us to be patient and hopeful of the best results.

Few appreciate more than I do the great work which has been done by medical officers of health all over the country; these are the men whom I picture as officers of the general staff of the great army mobilized against disease. Their work has long appeared to me to be badly organized and unequal. They are handicapped by having to work under and see the putting into effect of a number of Statutes bearing upon Public Health which are unduly complex and often overlapping. The prospect of an early consolidation, codification or revision of the public health laws seems remote, but in any such revision it is to be hoped that the responsibility for the prevention of disease will be made to rest with one authority. At present varying authorities are brought into operation by various Acts of Parliament, with the result that the Public Health is really in the hands of many departments of the central government and in the hands of many
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officers and departments locally. How the machine works as well as it does has always been a mystery to me. Intimately associated with any revision of the Public Health laws is the question of the unit area of administration. Except in the large towns the unit area is too parochial, and my own view is that so far as the rural and suburban areas are concerned, these must be grouped into very much larger administrative units both for efficiency and economy. For my own part I conceive the division of the country into some dozen or fourteen large areas, each administered by a Commissioner of Health with plenary powers, responsible only to a Central Health Council in Whitehall, and with deputy commissioners as executives under him in the local areas. Possibly it is but the vision of an idealist, and one which I am not likely to see come into being.

In my ideal local authority I conceive the adoption of the following principles: the concentration in one authority in each local area of the responsibility for the full administration of health services from local rates, with or without Exchequer grants in aid, coupled with the use for the whole community of Poor Law medical institutions worked by a single Public Health Service, built up by an amalgamation of the existing services for Poor Law and National Health Insurance. In a word I favour the making of a new and independent local health authority to undertake new and consolidated functions in definite areas. As to what the areas should be, I foresee the subject of controversy, but if the three principles of (1) a consciousness of a community of interest and aim; (2) the need for uniformity of administration; and (3) a representation of the will of the people, as a whole, be steadily kept in view, there should ultimately be no difficulty in arriving at a sound solution of what is a difficult question. Whatever may be the final development, I hope that future health administration will not be hidden away in some corner of either an existing or future public body. It must be a clearly defined and independent branch of our social organization. In any event, the profession of medicine must be prepared to take a much larger share in local administration than it has done in the past, but ever tempered by the view that, no matter how much the driving force behind it may be medical in origin and in reason, the local unit of health government can never be wholly medical in personnel or in purpose. It must be comprehensive, catholic, and disinterested.

Whatever the future may have in store for us either as to future legislation or areas, it is clear that public health administration is becoming so complex and technical or varied that only the very best men should be employed or be eligible for employment as medical health officers. This can be secured only by remodelling the training and examination of candidates. To my mind there are too many portals for obtaining the D.P.H., and the time is ripe for revising the training and qualification of men claiming to join the Public Health Service, particularly in the direction of a levelling up of preliminary scientific attainments and a
knowledge of the practical side of the work. Personally I would like to see the institution of a State examination, but this again may be but the dream of an idealist. Once appointed as a medical officer of health, the field of investigation lying before a man appears to be almost boundless. I mention but a few instances such as the analysis and differentiation of bills of mortality, deductive inquiries as to the causes and conditions of high ratios, dietary in relation to nutrition, dietary and energy among industrial workers, factors affecting susceptibility or resistance of the individual, the acute, the chronic and intermittent carrier, causes of recurring waves and cycles of infection, factors affecting susceptibility or otherwise of a community and the inter-relationship of disease. The mention of this last example tempts me to say how much we need constructive work to render precise the still vague notion of an epidemic constitution. For many years we were dominated by the dogma that specific diseases were real things to be found in the post-mortem room, and that epidemics were to be avoided by sanitation. Both beliefs were the outcome of Victorian realism and even systematic bacteriology has failed to give us equilibrium since no bacteriological solution of epidemics has yet been achieved. We are still groping in the dark, and perhaps have dwelt too much upon materialistic instead of vitalistic interpretations of biological facts. We need accurate and comprehensive work as to the importance of Bildung as well as to that of Gestalt. I for one am unable to accept at face value the work of a man with his eyes glued to the ocular of his microscope as a valuable contribution to the epidemiology of influenza or any other disease. To me, a more truly valuable contribution to the epidemiology of an epidemic would be rendered by the man who could correlate and interpret the whole of the antecedent prevalent disorders and thus anticipate and diagnose the existence of an epidemic constitution before the death returns and notifications were sensibly affected. The various medical officers of health are the privileged first recipients of the early signs, and to their acumen and learning do we look for their correct and early reading. Therefore, in respect of these matters, a great field of difficult research lies open and before these public health general staff officers, but that the best use may be made of the opportunities only the best men should be appointed to that general staff. Moreover, I would add, since they constitute the specially trained and most experienced administrators in public health, I hope that they will be given every opportunity and encouragement to lend a hand in the great work of reconstruction which lies ahead of us.

I fear, Ladies and Gentlemen, that I have taken up too much of your time and been able to offer you little that is new, but the lesson is clear, that, as in the past, so in the future, prevention of disease cannot be imposed by edict, be it by a Ministry of Health or any other Ministry. The banishment of disease and invalidism in a community can only be secured on a basis of individual enlightenment in regard to the principles
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and practice of personal and family hygiene, and it will be complete only when the knowledge of the proper use of fire, air, earth and water is appreciated by all. Sanitary authorities can make it easy for this knowledge to be disseminated in efficient and practical channels, also the civic life of the community and the public services run by such authorities may be object lessons for the individual citizen, but the ignorant, the prejudiced, and the selfish man will continue able to spoil the hygiene circumstances of his own life and those of his relations and neighbours; and this means that knowledge and education are the chief and only effective instruments among the public in the prevention of disease. Even all of us interested in preventive medicine and the would-be guiders of the general public, I conceive as really standing at the door of opportunity but fumbling at the lock trying to open it. The cause of our fumbling is that we have not the key or, at best, have but an imperfect key which fails to fit all the wards of the lock; the perfect key which still we lack is knowledge.

These, then, have been my thoughts, and they are: "Thoughts of things which Thoughts but tenderly touch." Actually, they are a confession of our ignorance and a plea for knowledge and the wisdom to make good use of that knowledge. It is sufficient to remind you as practical men and women that the word of action is stronger than the word of speech, but action without knowledge is action in vain; moreover, the knowledge which a man can use must be real knowledge, and the real knowledge which we need is the master-word of the New Humanity. "The rest hangs as dust about the brain or dries like raindrops off the stones." I conclude with Tennyson's words:

Who loves not knowledge? Who shall rail
Against her beauty? May she mix
With men and prosper! Who shall fix
Her pillars? Let her work prevail."