

THE LIFE WORK OF SIR JOHN SIMON.

THE death on July 23rd in the 88th year of his age of John Simon marks the passing of a great man in the history of Disease Prevention. He was a cultured man, of great strength of character, and a writer of terse and eloquent English. These qualities enabled him to influence public opinion to an extent which justifies the statement, that he did more than any other writer and worker of the Victorian era to stay the ravages of disease and to ameliorate the conditions of our national life.

To the end he retained an active interest in his life work, and the first number of this *Journal* contained a letter from him dated Oct. 22, 1900, in which while congratulating the editors on the work "you are about to commence, and on the moment you have chosen for commencing it," he regrets his inability to be a contributor to its first number, and refers to the "serious disqualification that during the last few months increasing blindness has rendered me incapable of guiding my pen for more than the signature of my name." In the same letter he alludes to the fact that "the past two centuries, and especially the last fifty years, have been beyond measure progressive in the departments of knowledge to which your undertaking relates." Now that the writer has passed away, posterity will associate the name of Simon with the most important part of this progress.

Simon began the study of medicine in 1833, when he was a few days short of 17. Two years after he obtained his M.R.C.S. he was appointed Assistant-Surgeon at King's College Hospital (in 1840). In 1845 he presented a communication to the Royal Society on the comparative anatomy of the thyroid gland, which won him the F.R.S. In 1847 he was appointed Lecturer on Pathology at St Thomas's Hospital, and subsequently became a surgeon on its staff. He stipulated for the retention of this post when in 1855 he was appointed the first medical officer to the Privy Council.

Simon clung to his surgical work, although he was not engaged in private practice; and there can be no doubt that by this means he secured a wider standpoint and a more satisfactory perspective for his public health work than if he had been restricted to the latter.

In 1848, when Simon was only 32 years old, came the turning-point in his career. The Corporation of the City of London applied to Parliament for special local powers, including the power to appoint a medical officer of health, and Simon was appointed to the post. The circumstances of the time gave prominence to the position. No other part of the metropolis had a medical officer, and only one provincial town, Liverpool. On this as on other occasions the fear of cholera was a powerful motive agent of sanitary reform. Simon held this appointment for seven years. The duties were almost undefined. He had to create them for himself. The results were embodied in reports which can be read to-day with the greatest interest. The demand for them was so great that in 1854 they were reprinted, a touching dedication to his father being prefixed, in which he states that the dedication is made "looking less to what intrinsic merit the reports may have, than to the years of anxious labour they represent: deeming it fit to associate my father's name with a record of endeavours to do my duty."

In the preface to the reprinted reports he lays "no claim to the merit of scientific discovery"; but considers it to have been "no unworthy object, that confining myself often to almost indisputable topics—to truths bordering on truism,—I should labour to make trite knowledge bear fruit in common application." After an eloquent denunciation of social evils among the poor, he adds: "I wish emphatically to declare my conviction, that such evils as I denounce are not the more to be tolerated for their rising in unwilling Pauperism, rather than in willing Filth; yet I doubt whether poverty be so important an element in the case as some people imagine.....I have no hesitation in saying that sanitary mismanagement spreads very appreciable evils high in the middle ranks of society; and from some of the consequences, so far as I am aware, no station can call itself exempt." He adds: "The fact is, that except against wilful violence, life is very little cared for by the law. Fragments of legislation there are indeed in all directions: enough to establish precedents—enough to testify some half-conscious possession of a principle: but, for usefulness, little beyond this." Simon, during the next twenty years, was destined to be a chief means of remedying this state of matters. And in this same preface he indicates the scientific requirements for improvement. "If, as is rumoured, the

approaching reconstitution of the General Board of Health is (after the pattern of the Poor Law Board) to give it a Parliamentary President, that member of the Government ought to be open to challenge in respect of every matter relating to health. What, for this purpose, might be the best subordinate arrangement of such a Board it would take a volume to discuss. But at least as regards its constituted head, sitting in Parliament, his department should be, in the widest sense, *to care for the physical necessities of human life*. Whether skilled coadjutors be appointed for him or not; engineers—lawyers—chemists—pathologists; whether he be, as it were, the foreman of this special jury, or according to the more usual precedent of our public affairs, collect advice on his own responsibility, and speak without quotation of other authority than himself, his voice, unless the thing is to be a sham, must represent all these knowledges.”

The whole preface to these reports to the City of London needs to be read to be appreciated. He ends it by expressing his opinion that “there is no attachment to the incongruities I have sketched as belonging to our abortion of a sanitary system, still less is there any want of feeling for the poor.....Knowledge and method and comprehensiveness are wanted—the precise, definite, categorical impulses of a Parliamentary leader, who can recognise principles and stick to them. And for such a minister, what a career!”

The writer of such masterly terse English, who had done so much for the City of London, was clearly indicated for the post of first medical officer to the General Board of Health, and in 1854 he became the first medical adviser of the Central Government.

Simon's subsequent work is embodied and to some extent buried in the annual reports of the central department to which he was attached, and would have remained so but for the enterprise of the Sanitary Institute, which in 1887 published a reprint of the more important portions of the reports, taken from blue books, etc., long out of print. For this task they fortunately secured the services of Dr E. C. Seaton, and in the two handsome volumes issued by the Sanitary Institute the most characteristic writings of Simon can be studied.

The most voluminous of these reports deals with the history and practice of vaccination. The following characteristic remark from the last page of this report is as apposite now as when written in 1857:

“No truth can be thought of, against which someone does not rail. And it would be idle to hope, under existing conditions of the human mind, that vaccination should be much more generally credited than it

is. Perhaps in no age of the world, proportionately to its institution, have persons been readier than now to accept physical marvels, and to modify their conception of physical laws, at the cajoling of quacks and conjurers. It goes with this credulity to be incredulous. Alike in rejecting what is known, and in believing what is preposterous, the rights of private foolishness assert themselves. It is but the same impotence of judgment, which shrinks from embracing what is real, and lavishes itself upon clouds of fiction."

In his "Papers relating to the Sanitary State of the People of England" Simon, commenting on Dr Greenhow's special reports, deals with the main causes of death other than old age. He illustrates the conclusion that "local excesses of fatality are due to local circumstances of aggravation; that these aggravating local circumstances are such as it is fully possible to counteract; and that of the total mortality ascribed to these influences in England a very large share is preventable." Again, "in the districts which suffer high diarrhoeal death-rates, the population either breathes or drinks a large amount of putrefying animal refuse." Fever is "essentially a disease of filth."

So far as tubercular disease is concerned, "in proportion as the male and female populations are severally attracted to indoor branches of industry, in such proportion, other things being equal, their respective death-rates by phthisis are increased." Again: "it cannot be too distinctly recognised that a high local mortality of children must almost necessarily denote a high local prevalence of those causes which determine a degeneration of race." He sums up by expressing his conviction that "the vast range of that aggregate mortality in different districts of England is due to the varying prevalence of two local causes:—First, to differences of degree in common sanitary defects..... and secondly to occupational differences among the inhabitants," especially as bearing on the feeding of children. Simon concludes from the preceding review of the sanitary condition of the people that first of all the people must become "fully informed," and secondly "publicly informed" of the existence and curability of these evils. The precise facts must be laid before "the local public and the general public and the government and the legislature"; and that every local authority "must be properly advised by skilled officers as to the special causes of disease operating within their respective jurisdictions." This report issued in 1858 paved the way for reforms of the greatest importance.

Alongside direct public health work, Simon brought to his aid the best scientific aid in the investigation of the causation of disease. Burdon Sanderson's important work on the Pathology of the Infective

Processes, on Infective Inflammations, and on the Infective Character of Tuberculosis consisted of investigations initiated in the Medical Department of the Privy Council or Local Government Board while Simon was Medical Officer. The following extract from one of Dr Sanderson's reports shows how nearly he anticipated Koch's eventual demonstration:

"As regards the question of a specific contagium of tubercle, we think it very important to note that this is not as yet disproved by the facts of traumatic tuberculosis. It still remains open to inquiry whether or not injuries which are of such a nature that air is completely excluded from contact with the injured part are capable of originating a tuberculous process. The results of the following experiments undertaken at the instance of Mr Simon, with special reference to this question, seem indeed to suggest that they may not be so. Setons steeped in carbolic acid were inserted in ten guinea-pigs on the 24th of Sept. 1868, each animal receiving two. At the same time extensive fractures of both scapulae were produced on five others, care being taken not to injure the integuments. No tuberculosis or other disease of internal organs resulted in either case: these facts certainly point to the necessity of further investigation in this direction." Burdon Sanderson's important conclusion that "every kind of contagium consists of particles," led Simon to the statement that such knowledge when further pursued "must sooner or later.....be of the largest conceivable advantage to mankind."

In 1876, when Simon, for reasons referred to below, thought it his duty to resign his office, the specific infectivity of tuberculosis, and the question whether this infectivity was dependent on a specific organism, were matters which occupied the attention of pathologists in all parts of the world; but neither question had been settled experimentally. That this was eventually accomplished on the Continent rather than in England may perhaps be attributed to the interruption, occasioned by Simon's retirement, of the pathological research which he had initiated for the Medical Department of the Local Government Board.

It is impracticable to refer to all the important investigations carried on by the able band of helpers whom Simon gathered around him. In administrative concerns no less than in the organization of investigation he showed insight and foresight. He was the means of initiating the decennial supplements of the Registrar-General, and the occupational statistics embodied in them. His opposition to quarantine caused its gradual abolition. He organised vaccination, but when in 1876 Simon found that under the Local Government Board, created in 1871, public health was subordinated to poor-law administration, and that medical

investigation was being curtailed and hampered in all kinds of ways, he resigned, and the subsequent years of life were spent in retirement.

Subsequent to his retirement he wrote his work on *English Sanitary Institutions*, which is a classic of the literature of public health. The evolution of sanitary administration is discussed in this work with a wealth of knowledge and wisdom, and with a sympathy which make it an invaluable mine of information for all well-wishers of humanity. In the chapter on the "Growth of Humanity in British Politics" he traces the influence of Howard's work, of the revivalism of the Wesleys, and allied forces in causing reformation of the criminal code, the abolition of slavery, and the numerous Factory and Workshops Acts and Public Health Acts of the 19th century.

Enough has been said to justify the statement that Simon's name will ever be bound up with the history of sanitary administration in England; and that to his brilliant advocacy of reform we are indebted more than to any other single cause for our present relatively advanced position in sanitary administration.

The following list of Sir John Simon's appointments, contributions, etc., is taken from the Medical Directory :

K.C.B., M.R.C.S. Eng. 1838, F. (Hon.) 1844, Vice-Pres. 1876-8, Pres. 1878-9; F.R.S.; Hon. M.D. et Chir. Munich; Hon. M.D. Dub.; Hon. D.C.L. Oxf.; Hon. LL.D. Camb. and Edin.; late Crown Mem. Gen. Med. Council; Past Pres. Path. Soc. and Med. Teach. Assoc.; Cons. Surg. (formerly Surg. and Lect. on Path.) St Thos. Hosp.; formerly Off. of Health City of Lond.; Med. Off. Gen Bd. Health, Privy Council and Local Gov. Bd. Author of *Reports on the Sanitary State and Requirements of the City of London*, 1848-55, and on those of the *People of England*, 1855-77; *Observations on Medical Education*, 1842; "Comparative Anatomy of the Thyroid Gland," *Philos. Trans.* 1844; *Physiological Essay on the Thymus Gland*, 1845; "Subacute Inflammation of the Kidney," *Med. Chir. Trans.* 1847; *The Aims and Philosophic Method of Pathological Research*, 1847; *General Pathology*, 1850; *Introduction to Reprint of City Sanitary Reports*, 1854; *English Sanitary Institutions*, 2nd edit. 1897; Editor of *Spiritual Philosophy* of Joseph H. Green, 1865. Contrib. of Arts. "Inflammation," *Holmes's Syst. of Surg.* 1860-70; "Contagion," *Quain's Dict. of Med.* 1878-94; "On some Points of Science and Practice concerning Cancer," *Brit. Med. Journ.* 1878; "Charitable Bequests Forbidden by Law," *Ibid.* 1890; "In Memoriam," *Life of Lord Sherbrooke*, 1893; "The Ethical Relations of Early Man," *XIXth Century*, 1894.

A. N.