cases it is extremely doubtful whether the operations, though successful, were justifiable. In none of the cases was there any urgent symptom calling for operation. Each patient had worn a canula for nearly four years; and, had the children been allowed to continue in the same condition a year or two longer, Mr. Durham would most likely have been able to remove the growth through the mouth, and would thus have saved the patients the risks of serious operations.

In Dr. Ogle's case, the operation was very skilfully and successfully performed by Mr. Lee, who, in practising thyrotomy, left the upper half of the cartilage intact. The patient was five years old, but it does not appear that any attempt had been previously made to remove the growth through the mouth. In this case, also, there was no urgent dyspnoea. Mr. Durham observes that "no one would now-a-days consider it justifiable to open the larynx to facilitate the removal of any growth or growths that could be easily, safely, and completely removed through the mouth." Are we to understand that a surgeon, unskilled in the use of the laryngoscope, who could not "easily, safely, and completely remove a growth through the mouth", would be justified in cutting open the larynx?

I ask this question, because the operation has been more often recommended by those who are not known to have possessed any knowledge of the laryngoscope, than by those skilled in the use of that instrument, notwithstanding that the actual number of laryngeal polypi coming under the care of laryngoscopists must be a hundredfold greater than that of cases seen by ordinary surgeons. Mr. Durham is, indeed, the only skilled laryngoscopist who recommends the operation, except under the most limited conditions.

Not only have many surgeons, quite unpractised in the use of the laryngoscope, performed thyrotomy, but, as I have pointed out elsewhere (*Lancet*, December 2, 1871, page 797), in one instance a growth was removed by Professor Bruns, *per vias naturales*, after Professor Schinzinger had failed in his attempt to extirpate it by thyrotomy.

Mr. Durham remarks in connection with one case, where the patient left the hospital aphonic, and wearing a tracheal canula, "at any rate the operation did no harm." In another case, he alleges "that no harm resulted from this abortive attempt." It may be observed, however, that this is not the kind of result which is usually considered as favourable to an operation.

The following is a brief summary of the results of thyrotomy, reduced to percentages, and placed in a tabular form. The table shows very clearly the different conclusions at which Mr. Durham and I have arrived. It should be stated that my table of forty-eight cases includes Mr. Durham's thirty-seven cases.

	Per cent. on 37 cases.	Per cent. on 48 cases.
	DURHAM.	MACKENZIE.
Complete success*	51.35	14.58
Partial success	18.91	22.91
Temporary benefit	10.81	—
Negative	8.10	—
Incomplete	5.40	—
Death	5.40	8.33
Severe dyspnoea requiring use of canula	—	31.25
Severe dyspnoea requiring fresh operation	—	8.33

I have also ascertained the following other results, which are based on forty-five cases, in which, the voice being affected before the operation, the patient survived more than a few days.

Aphonia	40.0 per cent.
Dysphonia	20.0 "
Modified voice... ..	11.11 "
Not stated, but probably defective voice	6.66 "
Recurrence, or incomplete removal	38.46 "

(Percentage based on 39 benign cases).

As a result of my own experience, and from the investigations I have made into the subject, I venture to submit the following propositions.

First. That the operation ought never to be performed for loss of voice alone.

Secondly. That in cases of cancer the operation is useless, except where the growth is very small and distinctly circumscribed.

Thirdly. That the operation should be confined to those cases in which there is danger to life from suffocation or dysphagia, and then only be performed after an experienced laryngoscopist has pronounced it impossible to remove the growth *per vias naturales*.

* Complete success is understood by me to mean recovery of perfect voice and perfect respiration, and absence of recurrence of growth; partial success to mean recovery of one function with injury to another, or temporary recovery of both functions, but subsequent recurrence of the growth. It is difficult to guess what meaning Mr. Durham attaches to the terms he has adopted; or, if he employ them in the same sense as myself, it is still more difficult to guess how he has obtained the results from his thirty seven cases.

WHO SHALL BE THE MEDICAL OFFICER OF HEALTH?*

By T. J. DYKE, F.R.C.S., Merthyr Tydfil,

President of the South Wales and Monmouthshire Branch of the British Medical Association.

THE discussions created by the provisions of the Public Health Act, 1872 (which made imperative the appointment of a medical officer of health in every district, rural, urban, or port), have brought prominently to the notice of the public, and of the medical profession, the inquiry as to who would be best fitted to fulfil the onerous duties of the office.

The public, through the boards of guardians and of health, have been severely exercised, and somewhat tormented, by the varying advice given them by the inspectors, authorised by the President of the Local Government Board to "negotiate" with them. In many districts they have been advised to dispense altogether with the assistance of district union medical officers, and to consign the supervision of the health of their localities to some one ubiquitous "Admirable Crichton;" in other districts the priceless aid which those district medical officers can give in the practical working of the Act has been justly appreciated, and many local authorities have wisely availed themselves of the knowledge which these gentlemen possess, and have engaged them to prepare preliminary reports upon the sanitary state of their districts.

The profession has also been severely tried by the consideration of various schemes for the division of the country into medical satrapies, in which the county-doctor with his thousand pounds a-year, would reign supreme; *except* that the laws as they at present stand would give him but a "secretary's warrant," for he would only have the right to report to his board. Happily, he would be powerless to cause his edicts to be obeyed; that duty would remain in the hands of the chief divisional inspector, who would in all matters carry out the orders of the central authority.

The profession has also been much exercised by the public action of its own members; who, having formed exaggerated notions of the labour to be done, have denied the competency of their brethren—men who possess the same diplomas as themselves—to perform the work; others again have gone so far as to say that gentlemen of our profession would be so unmindful of its honour, and so faithless as public servants, that they would wilfully neglect to carry out the functions they had undertaken, out of fear of pecuniary loss.

I, for my part, deny that medical men as a body have ever been found faithless in the execution of their public duties; and aver that no man has a right to cast a slur upon our honour by charges at once so groundless and so base.

I would, in answering the question with which I have headed this paper, ask you to consider it under the four following propositions.

1. The duties of a medical officer of health can be efficiently carried out by district union medical officers in rural districts, and by the medical officers of health in towns and ports.

The duties which the health-officer would have to perform have been plainly set out in the order of the Local Government Board under the date of the 12th November, 1872. These duties I would epitomise as follows. The health-officer shall inform himself of all influences injuriously affecting the public health in the district; this would be done by ascertaining the causes, origin, and distribution of all classes of diseases, and reporting to the sanitary board the ascertained sicknesses and mortality, classified according to diseases, ages, and localities. He shall further inquire, when necessary, into the wholesomeness or otherwise, of any meat, or any other article of food prepared for sale or intended for the food of man. It will be his duty to inquire into the existence of any offensive trade carried on near to human habitations, of any nuisance in or about, or any overcrowding of, any house; any or either of these being injurious or prejudicial to health; and lastly, to report, when necessary, upon any or all of these matters to the local authority.

These being the duties, what, in the opinion of a medical man, qualified by practical acquaintance with the details, should be the qualifications required for the faithful execution of the work? I have, for seven years, done the work in accordance with the spirit and the letter of the duties now set out by the Local Government Board; and I unhesitatingly and confidently affirm that district union medical officers could faithfully perform and thoroughly carry out the schedule of duties imposed by the orders of the Local Government Board.

2. In the second place, I would ask you to note that *every* district in England and Wales *must* appoint a medical officer of health to do the work as set forth by the orders of the central board.

* Read before the South Wales and Monmouthshire Branch.

The fact that this species of professional labour will have to be undertaken by medical men in every district will take away the sting which has hitherto attached itself to earnest workers in preventive medicine. Until now, tiled plots have been as oases in the desert. One district under an energetic public-serving board has been carefully watched and judiciously improved; in the surrounding districts, throughout whole unions, the causes provocative of disease have been unsought for, and therefore maladies have reigned unrestrained, and disseminated themselves everywhere. In such well-cared for districts, the officer of health, the active pulsating heart of the sanitary authority, has been a stumbling block of offence to those sanitary sinners, whose rented houses were unventilated, their pigsties in close proximity to their kitchens, and the many-savoured manure-heaps the playground of their biped, four-footed, and feathered treasures. But, when, as henceforth, the *exception* shall become the *rule*, when every district must have its *preventor of disease*; one who, noting every cause capable of inducing disease, will be able by timely advice kindly given, or when that is rejected, by the more cogent means which the elected authorities may use, cause the removal of the pest-bearing nuisance; then the visit of the health officer, instead of being regarded with disfavour, will be hailed as that of a harbinger of health, and of a restorer of wealth to the householder and house-owner; for, be it well remarked, no cause more prominently and permanently reduces the value of household property than sickness.

I know, by practical experience, that a consummation so desirable is attainable. I know that every man who will kindly, yet firmly, require the observance of the sanitary laws, will be able thus to promote the public good. I believe that none will more eagerly join in furthering that desired end than the district union medical officer and his co-worker, the urban health-officer, for these are they who day by day personally see so much of sickness induced by preventable causes, so many fatal issues, promoted by nuisances which should have been removed; so many sad scenes of poverty and distress, which, while they harrow men's feelings, spur on the right-thinking to initiate means for their relief; and so much waste of individual and of public wealth, which is necessarily incident to the attendance upon the sick and the maintenance of the impoverished survivors.

3. In the third place, I would say that it is plain that no one can be so fitted for a *new duty, which is germane to his own profession*, in a well known field of labour, than he who by long professional acquaintance with the manifold details relating to people, to race, to habits, to habitations, to water-supply, and to drainage-discharge, is already fully qualified to instruct and advise the local authority.

Why should such an one be set aside? Why should he be deprived of the privilege of communicating this valuable knowledge acquired by so much toil and self-denial? Why should his professional acquirements be ignored, his local influence for good quashed, his zeal to do good condemned? Let it not be said that our voices are silent, our pens still, when it is even contemplated to appoint others to perform the duties which our urban and district union medical officers can and do perform well and truly; but let us each in his place, each in his way, stoutly stand up for them as being the fittest to be the units of the sanitary service, as those from whose labours, *when systematically directed*, the greatest good to the public health may result; the greatest benefit to the local sick may be derived; and the greatest economy of the public money may be obtained.

4. The last proposition I would place before you is this: it is expedient that each district should preserve its own individuality.

Holding that each community should in all things possess its own well defined freedom of action within the circle of the laws, I admit the needful necessity of central direction, but I claim the right that each legally defined district shall therein carry out the laws under such central supervision. Holding these views, I would strongly urge district boards now to stand each for its own liberty of action in sanitary matters. Remembering, however, that *action is now and henceforth imperative, the sanitary laws must be carried out*.

As, then, the duty of local authorities is now clearly defined—moreover, as it is imperative—I will hope that those who will carefully think over the matter will come to these conclusions, that it would be best for each union and urban district to administer the sanitary laws each in their own defined district; and that, in carrying out the new Public Health Act in its letter and in its spirit, they should confide to their union or urban health-officers the labour of freeing their district from the causes of preventable diseases, and thereby directly further the wise provisions of an intelligent legislature, save the persons of the ratepayers from sicknesses and deaths, diminish pauperism, and reduce the costs incident to the maintenance of the sick.

In conclusion, I would thus summarise the foregoing remarks:

1. In each of the unions into which the country is divided there exists a representative local authority, the Board of Guardians, to

whom the supervision of the public health in *rural* districts is confided.

2. In each district of each union the local authority now employs a medical practitioner, whose professional qualifications, local knowledge, and personal position aptly fit him for the duties of medical officer of health.

3. In *urban* districts the local authorities are bound to appoint a medical practitioner to act as officer of health.

4. Those members of the medical profession to whom these duties would be entrusted would faithfully, economically, and efficiently perform them.

A CASE OF URGENT AND PROLONGED DYSPNŒA COMING ON SUDDENLY AFTER LABOUR.

By J. J. PHILLIPS, M.D. Lond.,

Assistant Obstetric Physician to Guy's Hospital; Assistant Physician to the Hospital for Sick Children.

ON the 30th December, I was requested to see Mrs. —, aged 36, the wife of a medical man. She had been delivered of her fifth child at two o'clock in the afternoon. The labour was in every respect natural. Nothing untoward was noticed until six o'clock, when she suddenly complained of oppression at the chest, and began to gasp for breath. Her condition soon became most alarming. I saw her in consultation with two or three medical men at nine o'clock. She was sitting up in bed, supported by pillows, and in her husband's arms. The dyspnœa was most urgent; the respirations were forty-eight per minute; the pulse, which was said to have been for some time imperceptible, could now be felt beating at the wrist at the rate of one hundred and forty per minute, very small; the respiratory murmur could be heard over the chest in front and behind; there was no abnormal sound accompanying the heart's action, but the first sound was muffled; the legs and the forearms were quite cold; the lips were livid; the face was pallid. She endeavoured on one or two occasions to speak, but could only articulate one word at a time. The history of the case and the symptoms seemed to point unmistakably to a coagulum in the pulmonary artery; and it seemed to us that the treatment should be directed to support the heart's action as much as possible, and this was done by repeated doses of brandy, which with some difficulty were swallowed in soda-water. Five-grain doses, increased to ten grains, of carbonate of ammonia were given at short intervals, and warmth was applied to the extremities. I remained about an hour. The case seemed hopeless. At nine o'clock next morning, however, I found her much relieved. She was able to assume more nearly the horizontal posture; the extremities were warm; the breathing was much more easy, and only thirty per minute; the pulse still very small, 120 per minute; temperature in the axilla, 97 deg. Fahr. Symptoms of improvement had commenced about four in the morning. Her husband and another medical man, who sat up during the night, believing that the carbonate of ammonia was doing good, had continued its use in increased doses, so that in twelve hours she had taken two hundred and ten grains of it. The stomach tolerated this large quantity in a remarkable manner. "She was a little sick two or three times." The brandy had also been continued, and she had taken a little beef-tea in the early morning. In the evening, she was in much the same condition as in the morning; frequency of pulse and respiration the same; temperature only half a degree higher (97.5 deg. Fahr.) She still complained of pain in her chest. During the night some hours of sleep were obtained, and next day she was more comfortable in every respect. The respirations had fallen to from twenty to twenty-five per minute; temperature, 99 deg. Fahr.; no abnormal cardiac sound. The strictest rest was maintained. On the sixth day there were some pyrexial symptoms; and on the seventh she began to suffer from severe sickness. The valuable advice of Dr. Herbert Davies was obtained, and she improved. I saw her again on the twentieth day after labour; she was still keeping quiet in bed; and the interruption to convalescence, for which I was desired to see her, was only of a temporary character.

Although I have not headed the above case as one of pulmonary embolism, the history which it presents, and especially the severe symptoms which persisted for so long a time, so closely resemble those observed in fatal cases of obstruction of the pulmonary artery, that it is difficult to explain the case upon any other hypothesis. It is true that in the great majority of cases of the kind the symptoms have rapidly increased in severity, and death has been the inevitable result; but a few cases during the puerperal state are to be found recorded similar to the present case, in which, notwithstanding the threatening character of the symptoms, gradual improvement took place. In analysing the