

### Medical Matters.

#### THE ADMINISTRATION OF THE PUBLIC HEALTH AND EDUCATION ACTS IN RELATION TO THE PREVENTION AND CURE OF DISEASES OF THE THROAT AND NOSE.

Mr. T. Jefferson Faulder, F.R.C.S., dealing with the above subject in the *Lancet*, says:—

“We read a great deal about mouth breathing, glands in the neck, running at the nose, deafness, discharging ears, backwardness at school, deformities, liability to fevers, and other illnesses. If anyone thinks to avert all these evils by a timely operation for the removal of tonsils and adenoids he will be grievously disappointed. There is no royal road to health in these cases except in a limited number. What is the condition of the patients at the time of operation and what are their ages? The first question is sufficiently answered by saying that practically all are suffering in some way or other. Therefore, theoretically at least, earlier operation would prevent a good deal of illness. Evidences of neglect abound, and many apply for treatment only when permanent damage has already been suffered.”

In regard to the age of the patients operated upon, Mr. Jefferson Faulder has collected statistics concerning 4,769 persons, who underwent operations in nine hospitals, and tabulated them according to their ages. In all the tables, the percentage rises rapidly from age 1 to age 5, and falls more gradually to the age of 20. The rapid rise of the line up to age 5 unquestionably shows that the causes of these throat maladies begin to act early and before the children come under the notice of the school medical officer. It is clear that any complete system of prevention directed against these diseased conditions of the throat will have to be begun long before the children arrive at the schools, and the writer draws attention to the work done in what are called “infant consultations,” which are special clinics dealing solely with infants. He instances the St. Marylebone General Dispensary in Welbeck Street, W., where such consultations are carried on by Dr. E. Pritchard, the pioneer of this kind of work in London, and says that such work might with obvious advantage to the public be more widely extended and ultimately joined up with the school medical service, and that only by some such means shall we arrive at a sound method of preventive medicine.

“Coming now,” he continues, “to the actual treatment of the conditions found when the children have entered school, it should be postulated that unless this work be well done it had better not be done at all. Otherwise the whole scheme must fall into disrepute, and

everyone—general public, ratepayers, and the medical profession—will be dissatisfied. It is absolutely certain that whatever the cost may be the best will be the cheapest.

“Existing institutions are to be utilised as far as possible. But are existing institutions at all suitable for what is now needed? Is a crowded outpatient department a suitable place for the treatment of chronic discharging ears? Is such a department a favourable place for the cure of simple inveterate mouth-breathing due to bad habits or uncleanness? Is the ordinary dental outpatient department the best venue for the preventive treatment of decay of the teeth? In these three groups the main and essential part of treatment is of necessity routine, prolonged and more or less tedious. And it will be found that the greatest and the most valuable part of “school doctoring” will be of this very nature.

“Many out-patient departments at the present time are so crowded that it is physically impossible for this quiet methodical diagnosis of each case to be carried out. It is certain that as operation is practically the only method of treatment here available, it is applied to numerous cases where other simpler and better, though more tedious, means of remedy could be devised. Hence discredit is cast by some upon the operation for tonsils and adenoids. In the cure of chronic discharging ears it is of practically no use to supply the patients themselves with lotions or drops for purposes of syringing and disinfecting the ears. To obtain satisfactory results there must be skilled, specially trained nurses available. A surgeon should personally instruct these nurses and generally exercise supervision. Exactly the same applies to cases of nasal obstruction, nasal discharge, etc. Those cases which are subjected to operation as well as those deemed unsuitable for operation should be attended to by skilled trained nurses under the general instruction and supervision of a surgeon. Here also it is often a simple matter of cleanliness, but besides that there is the inculcation of proper breathing habits—*i.e.*, breathing exercises systematically carried out. In connection with breathing exercises the development of the chest ought to be observed. This is best done by means of callipers. Two diameters of the chest are taken, the transverse and the antero-posterior at the same level, and the ratio between them determined. What may be called the normal development of the chest is known, and deviations from the normal are best found by the calliper ratio. Is an outpatient department of the present day a suitable place for such treatment?”

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