

intricate to be described here, but in practice we do not often succeed in detecting this trouble until one of the glands has broken down into an abscess which has burst into the lung and has given rise to tubercular inflammation there also.

In the case of the abdomen the outlook is not so hopeless, because the signs are easier to detect, and, moreover, abdominal tuberculosis is much more easily curable in children than tubercle of the lung.

In practice we detect tuberculosis of the abdominal glands by the spreading that almost always takes place into the surrounding peritoneum, which becomes hard and matted together in masses, or there may be free fluid in the abdominal cavity; both the lumps and the fluid can be easily felt when the abdomen is handled. The condition is known as tubercular peritonitis, or, as it used to be called, "tabes mesenterica," and is a very common form of tubercular disease in children.

We have also seen that in some cases the germs enter through the middle ear. Probably the immediate source of this is settling of infected dust in the external ear passage, but if the ear itself be intact, it is very doubtful whether much harm is done as a rule. But the case is different when the dust finds a hole in the drumhead leading into an ear which is the subject of chronic discharge, generally from a previous attack of scarlet fever or measles. Then the tubercle bacillus finds soil in which it can grow and multiply, and sooner or later the trouble spreads from the ear into the closely adjoining covering of the brain, and we have inflammation of the meninges—tubercular meningitis—or disease of the brain itself—tubercular tumour or cerebral abscess.

It is not always, however, in this way that the brain or its membranes become infected. They may be attacked by germs from a tubercular bronchial gland, or from enlarged tonsils or adenoids, or the bacilli may reach the brain through the nose. In any case, unless the surgeon can successfully intervene before the organisms reach the inside of the skull, death almost always results.

But tubercle need not necessarily be a "medical" disease. We may have the various forms of so-called "surgical" tuberculosis, and this simply means that tubercle has attacked either lymphatic glands or bones in regions that are within the reach of the surgeon. One very common form of this is the enlargement of the glands in the neck; if these are not dealt with in the early stage they may break down into abscesses which dis-

charge through the skin, leaving a track or sinus leading from the skin to the gland, which is perpetually discharging, healing up, and discharging again, until the system becomes infected, and we then get either general tuberculosis or involvement of the lungs, abdomen, or brain as before.

Or some bone may be attacked. Here, though we may get almost any bone affected, two forms are most common, namely, disease of the hip-joint and of the spine, and it is these two between them that are responsible for the pathetic procession of crippled children who pass from one general hospital to another, having often to be discharged before they are cured, owing to lack of room, until they ultimately reach a workhouse infirmary, unless, indeed, they are fortunate enough to secure scientific treatment in pure air in such an institution as the Treloar Home.

I do not now propose to describe these two diseases in detail, but I may mention that hip disease shows itself first in pain (which is often agonising) in the hip and knee, then in fixation of the joint in such a position as to cause a limp, and, finally, in the breaking down of the inflamed bone into an abscess which discharges through one or more channels in the skin round the joint—a perpetually running sore.

In disease of the spine we get at first pain in various regions, according to the situation of the disease, and then an abscess which discharges in the groin—psoas abscess—and if death does not—shall we say fortunately?—previously ensue, the deformity that we know as hunchback.

Before going on to the treatment of tuberculosis in children, which will form the subject of the next paper, I may sum up the course of the disease. The germ gets in generally through infected dust or through infected milk. It reaches the bronchial glands, and goes on to kill the patient by infection of the lungs or brain, or the abdominal glands, proceeding thence to attack the peritoneum and intestine; or it attacks the ear and thence the brain or its membranes; or it seizes on external glands, or on bones with the resulting crippling deformities. But by whatever path it enters, unless its progress can be arrested, the end is ultimately death from generalised tuberculosis. Considering the life that a tubercular child in poor environment has to lead, we may perhaps be pardoned if we sometimes think that the sooner this comes the better.

Our readers will be glad to have the opportunity of reading Dr. Gordon's paper on the treatment of tuberculosis in children.

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