

lowered—the exercise thus consisting of four distinct movements. The feet are kept slightly turned in, and slightly turned over on their outer border, all the time. The exercise is repeated from 50 to 100 times. 2. Sitting on one chair, with the foot projecting over the edge of another, the calf of the leg resting on the seat. Keeping the knee still, the foot is slowly *circumducted* to its full extent in all directions, down, in, up, out, 50 times; then down, out, up, in, 50 times. If possible, the circumduction is to be done with the foot in a slightly varus position the whole time. This is repeated with the other foot.

These directions must be followed uninterruptedly, and the exercises carried out daily, for at least three months, and as long after that as any disability is felt in the feet. In most cases the wedges give relief at once, and after three months' exercises cease to be necessary, but the directions as to footwear and position in standing and walking must be adhered to for years. The wedges may, as a rule, be omitted after a year. In addition, the patient should take to bicycling, care being taken that only the toes rest on the pedals.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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TUBERCULOSIS IN CHILDREN—TREATMENT.

We come now to the treatment of tuberculosis in children, and it will simplify matters somewhat if we bear in mind certain points which underlie the treatment of infectious diseases in general.

Inasmuch as we have to deal with a fight between the germ and the individual, it is obvious that we have to try both to hinder the microbe and help the patient. Always, however, we should begin by considering whether the disease cannot be prevented, and to encompass this we have to try, firstly, to remove the supply of germs from the community as completely as possible; secondly, to kill any microbes that may have got there already; and, thirdly, to improve the natural resistance of susceptible people so that they may be more readily able to rid themselves of the organisms which have obtained entrance to their bodies.

When the patient has contracted the disease, that is to say when the fight is in full swing

inside his body, we have to consider whether we can take the microbes away from his system, or kill them, and also in what ways we can help his white blood corpuscles in their attempts to do this for themselves. In some infections we can use all these methods, but in tuberculosis we have to rely on one or two only. Formerly it used to be thought that all forms of tuberculosis were incurable; but we know now that very much may be done to help the patient, and in some cases we can eradicate the disease altogether.

With these general principles in view, we will take the treatment of tuberculosis (always bearing in mind that we are talking of its effects on children and not on adults) in some detail.

Firstly, as to prevention. Let us see what the conditions are under which children contract tuberculosis. All over the country, and especially in overcrowded areas in our big cities, adult consumptives are loading the air with tubercle bacilli, which they expectorate in myriads whenever they have a fit of coughing. This sputum dries up, becomes dust, and is ready to be breathed in by children, especially by those who are playing about on the floor of a room where a consumptive lives. This, as we have seen, is the main source of infection; but the second, namely, tuberculous milk, is by no means to be despised. If, in the case of a great city, the trains conveying milk for consumption by its inhabitants are boarded by inspectors and samples are taken for analysis of the milk from the churns, it is found that when these samples are inoculated into susceptible animals—usually guinea pigs—very many of them are found to contain tubercle bacilli, as shown by the development of tuberculosis in the animal. When the farms from which the infected samples have been taken are visited by veterinary inspectors, it is common to find animals suffering from tuberculosis of the udder.

Now all this is preventible. Adult consumptives, if they are not able to, or will not, take proper precautions to prevent their sputum becoming dust, should undoubtedly be removed to a place of safety in an isolation hospital or sanatorium. The main point is that they should never expectorate into the atmosphere at all, but rather into a bottle whose contents can be afterwards burnt. Then tubercle bacilli should be removed from schools and places where children most do congregate, by spraying and swabbing the walls and floors with an adequate disinfectant—not, incidentally, with something that merely smells and does not kill.

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