

When disinfection is left to the discretion (or otherwise) of the patient's relatives, it often happens that they select carbolic acid. Now this, besides being very poisonous and also expensive, has the disadvantage that it does not kill tubercle bacilli at all easily. A solution of the strength of one part in twenty parts of water takes about three hours to kill tubercle bacilli in a test tube, and it is very doubtful whether tuberculous sputum, in which the bacilli are enveloped in sticky mucous, can be rendered harmless in four hours. On the other hand, it was found by Prof. Delépine that tuberculous sputum can be disinfected in one hour by being mixed with an emulsion of Izal containing Izal oil in the proportion of 1 in 125. Moreover, Izal is not poisonous, and is very much cheaper than carbolic acid. Tubercular dust is, incidentally, not nearly so difficult to destroy as the moist sputum, so a solution of 1 in 200 Izal suffices for the disinfection of walls and floors, provided that it be thoroughly applied by spraying or swabbing.

Disinfection nowadays is, or should be, performed by the sanitary authorities free of cost to the patient; but, unfortunately, the efficiency and quantity of the work depends upon the amount which the particular municipality is prepared to spend, and this again is, unfortunately, often decided not so much by the requirements of the population, but by what the authorities think of the importance of sanitation compared with other matters, such as schemes for municipal trading, for instance.

Apart, however, from the action of public bodies, very much spade-work can be done by the quiet and gradual education of the community, and nurses, in particular, can often do a great deal of good in this sort of way. Though this is treading on debatable ground, I am personally of opinion that if we had more women on our City Councils, the claims of sanitation, especially as it affects the tuberculous child, would receive better attention than they now do.

As regards measures for the improvement of the resistance of the community, much may be expected from the results of the medical inspection of school children, which is rapidly educating the public in this respect, and also from the recent Town Planning and Housing Act, which aims at the eradication of unhealthy dwellings, and at the prevention of the erection of those which may become slums in the future. Then we have the Act which enables an authority to feed necessitous school-children who come to school without any breakfast. All these give local authorities power to prevent

private individuals endangering the health of the community, and will be of great value, especially where tuberculosis is concerned.

But we must come now to the individual child who is suffering from tuberculosis in some form or other, and we may clear the ground somewhat by noting at once that we cannot take the microbes away except in the case of accessible infection of glands or bones, when, of course, the complete removal by the surgeon of the affected parts is invaluable.

In the case of tuberculosis of the lung, the difficulty lies in reaching the affected part, and it has not been found that medication of the air that the child breathes with antiseptic substances is of any real value.

Still, the main factor in the treatment of tuberculosis in children is the attempt to increase the resistance of the patient, so that he is enabled to deal with the microbes in whatever situation they may be.

GENERAL TREATMENT.

The first point is to treat the patient in the open air as far as possible, and in healthy surroundings. It is not possible, though very much more is being done in this direction than formerly, to send every tuberculous child from the cities to the seaside, but I certainly think that much more use might be made of the country, especially amongst the hills. Many cottagers will take a child from a city for a very small sum, and open-air treatment, together with an almost unlimited supply of fresh milk, can be easily arranged. The cases that are most suitable for this kind of life are those of abdominal tuberculosis.

The next essential is that the child should take large quantities of pure milk; but this is practically impossible in a city, where the milk is always expensive, and frequently itself tuberculous or dirty or both. Not every child, however, can take large quantities of milk, at all events until the digestive organs are in good order, as they very seldom are in a city child. It is usually best, therefore, to begin by giving small quantities of milk, which may profitably be enriched by the addition of an extract of bone marrow. This latter is particularly useful in the case of tuberculosis, which, as we have seen, is very apt to attack the blood-forming organs. It is also necessary that the diet shall contain an extra quantity of fat. Cream is useful, but is practically out of the question amongst the poorer classes, and it is, moreover, often adulterated with preservatives. The usual alternative is cod liver oil, but very many children cannot take this at all, and many

[previous page](#)

[next page](#)