

more strongly dislike it, and in these cases it probably does them very little good; usually children do very well on Virol, which is an emulsion of eggs, malt extract, and bone marrow prepared with lemon juice. Perhaps the strongest point in its favour from the medical point of view is that it causes an increase in the quantity of white blood cells, which means an increased capacity for dealing with micro-organisms, including the bacilli of tuberculosis. Children usually take it with avidity, as its flavour is distinctly pleasing.

Apart from these general measures, it is possible to act directly on the resistance of the patient to the tubercle bacillus by giving tuberculin hypodermically from time to time. This consists of finely ground dead tubercle bacilli, and it is found that the effect of an accurate dose is to cause the patient's leucocytes to destroy living tubercle bacilli more readily. In all probability there is a very great future before this remedy, as the difficulties in the way of accurately gauging the dose and the frequency of administration that were apparent when the use of tuberculin was first started, have now been removed. In most of the large towns, so-called tuberculin dispensaries are being started for the use of this remedy under scientific supervision.

LOCAL TREATMENT.

Such are the general measures at our command for combating tuberculosis; it now remains to add a few words concerning the local treatment of the special forms. We need not here discuss surgical methods for the removal of diseased bones and glands, nor is there much to be said about the treatment of pulmonary tuberculosis, which practically resolves itself—apart from general measures aforesaid—into the relief of cough, diarrhoea, and so on, but the abdominal form demands a few words.

Curiously enough, abdominal tuberculosis in children is particularly amenable to treatment, though this may have to be kept up for a long time. Complete rest is essential, and the abdomen should be supported by a broad flannel binder, and either iodoform or mercurial ointment may with advantage be rubbed into the skin. It is important to check diarrhoea, and to give as much Virol as the patient can take. Cod liver oil often increases the diarrhoea. In some cases simply opening the abdomen and afterwards closing it up again without drainage, has a very marked effect, and it probably acts by causing a flow of healthy serum to the affected glands; it is not usually possible to remove these latter.

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH A CASE OF CROUP OCCURRING IN A PRIVATE HOUSE UNTIL THE ARRIVAL OF THE DOCTOR?

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, London. W.

PRIZE PAPER.

Croup may mean several different ailments. The word itself means "a noise in the windpipe." The most common kind of croup is named "false croup," which is inflammatory laryngitis, accompanied by a hoarse, noisy cough and difficulty of breathing. In the event of a patient becoming suddenly worse and pending the arrival of the doctor, the best thing to do is to put the patient into a warm bath and fit up a steam tent. Hot compresses to the throat are also very useful, and tickling the back of the throat to make the patient sick and thus abort a spasm may relieve the symptoms. No hot water being to hand, cold water may be applied to the patient's face and head.

Spasmodic croup is a nervous disease without inflammation, chiefly attacking children during teething, or those inclined to be rickety or troubled with worms. The attacks are spasmodic. The symptoms are twitching of the hands and face and sudden difficulty of breathing. It is in reality a spasm, and often ends as suddenly as it began, with a loud crowing noise. The medical term for this is "laryngismus stridulus."

It is always advisable to give a dose of aperient medicine directly a child shows symptoms of an attack.

True croup, or membranous croup, is a much more serious condition, and is probably genuine diphtheria of the larynx. It resembles the other kinds of croup in the shortness of breath and crowing cough, and as long as the patient has this noisy cough there is little danger of suffocation. Directly the cough becomes feeble, the breathing more difficult, and the patient a dusky colour, send at once for the doctor, put patient into steam tent, and prop into a sitting posture with pillows. A gentle slap on the back with each effort of coughing may dislodge the membrane, or pieces can probably be removed with forceps from the back of the throat.

In the event of suffocation taking place and the patient becoming livid, the only chance to save life may be to open the windpipe to allow air to rush into the lungs; this must be done quickly in order to save the patient's life.

It may also be necessary to give artificial respiration to assist the passage of air into the lungs and restore breathing and animation.

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