

dence from this source is noticeable in children, on account of milk entering so largely into their dietary in the early years of life, and that the infection of the lungs from entrance of the germ by respiration is much less frequent.

Various terms are employed to differentiate the parts of the body attacked, but all words have the literal meaning of "wasting," such as "tabes"; or "consumption" of Latin origin and "phthisis" of Greek origin, two of the most familiar terms in use.

(a) *Acute miliary* or *general tuberculosis*.—Where many parts of the body are attacked simultaneously.

(b) *Pulmonary Phthisis*.—Where the lungs are specially attacked, this condition is commonly called consumption.

(c) *Tabes Mesenterica*.—Tuberculosis of the peritoneum, and of the abdominal lymphatic glands, another term being tubercular peritonitis.

(d) *Tubercular Meningitis*—and acute Hydrocephalus—are tubercular infection of the membranes surrounding the brain.

(e) *Lupus*.—Tuberculosis of the skin.

(f) *Caries*.—Tuberculosis of the bone.

(g) *Scrofula*.—Tuberculosis of the lymphatic glands.

Thus any organ or tissue of the body may be attacked. The disease progresses by coalescence of bacilli, and then further changes occur leading to inflammatory changes in the surrounding tissues, which may end in suppuration, with the formation of an abscess. The characteristic change from grey to yellow tubercle is due to caseation, at which stage in chronic cases they may become calcified and arrest the disease temporarily. In small tubercles fibrous changes may occur, the diseased part being converted into fibrous tissue.

The treatment and management of pulmonary tuberculosis is briefly:—Sufficiency of sunlight and fresh air; nourishing tissue-forming food; regularity of all functions of daily life; systematic periods of rest and exercise; periods of graduated labour when convalescent.

Patients have to be taught the necessity of rules regarding expectoration, the nurse being responsible for the safeguarding of the patient and others in this respect, and for the proper disposal of the sputum. Special sputum cups, paper handkerchiefs, and other articles for the patient's sole use must be provided and kept clean and disinfected after use, all rags, papers, and discharges being burnt, if possible.

In rooms used by patients the dust should never be allowed to rise. Wet cleansing by

damp dusting and sweeping should always be carried out; carpets and stuffed furniture likely to harbour dust being removed from the room to be occupied. If possible, a bedroom should be chosen with easy access to the garden or open space, to prevent unnecessary exertion, when the patient is not confined to bed, and is ordered exercise for a period each day. Breathing exercises to strengthen the lung capacity; the wearing of shoulder braces; recording the temperature, usually thrice daily; noting the effect of the prescribed exercise; being in readiness for an emergency, such as sudden hæmoptysis, all form part of a nurse's duties; her observations of details being required by the physician in charge. The nurse will also carry out any special treatment ordered, and prepare the patient's skin, and have in aseptic readiness the instruments for injection of tuberculin, which is frequently used in early stages and favourable cases.

The treatment and management of tubercular glands of the neck is to build up the resistant power of the body by nourishing food, tonics, and cod liver oil. If a child, he should be in an open-air or special school, if possible, and under medical supervision, as if the glands become caseous, they will require to be removed by a surgeon, as they are apt to break down and spread infection to a whole chain of glands. Regular rest and open-air exercise should be insisted on, and after an operation a change to the country is very beneficial. Tuberculin injections may or may not prove suitable in glandular cases, some patients reacting very untowardly under the treatment, while others progress favourably.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Elizabeth Martin, Miss C. McLennan, Miss M. D. Hunter, Miss F. Sheppard, Miss L. Barraclough, Miss Ethel G. Smith, Miss F. W. London, Miss D. Vine, Miss Beatrice Smith, Miss A. Phipps, Miss M. Croll.

Miss Ethel G. Smith writes that predisposing causes of tuberculosis are excessive work, deficient food in quantity or quality, insanitary, overcrowded dwellings, and dirt. Probably overcrowding is responsible for much tuberculosis. One of the commonest entrances of the tubercle bacilli is by the tonsils through the mucous membrane, to the lymphatic glands of neck, to pleura of lung.

#### QUESTION FOR NEXT WEEK.

Define hæmorrhage, shock, coma, asphyxia, syncope.

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