

able to allow a longer interval of time to elapse after the sound healing of a wound before undertaking any renewed surgical interference in some cases than in others, and at present we do not know how to distinguish the cases in which the longer interval is necessary. Some guidance can be derived from a previous bacteriological examination of the serous fluid withdrawn by a needle from a joint or cavity in the neighbourhood of which the foreign body lies embedded. Thus, in the case of a piece of shrapnel embedded in the cartilage of the outer condyle of the femur and removed from the knee-joint of a soldier at the Leicester Royal Infirmary two months after the healing of the wound, a few cubic centimetres of the serous effusion aspirated from the joint some days before operation proved to be sterile. In this case the piece of metal removed from the cavity in the bone and dropped direct into a cultural tube failed to give any growth of organisms.

In this case also previous attempts to use the joint had brought on considerable effusions on repeated occasions, but these were evidently due to the mechanical effect of the foreign body, which projected slightly into the joint cavity, and not to infection.

Some indication that danger of renewed sepsis does exist may also, I think, be gained at the time of operation from a close scrutiny of the condition of the tissues immediately surrounding the foreign body. If, on cutting down, the piece of metal is found in a distinct cavity, which also perhaps contains some grumous fluid, then it is probably wise to take steps to sterilize the cavity and to drain, instead of completely closing the possibly re-infected wound.

In conclusion, I should like to add that the renewed septic process which I am here describing is no mere slight reaction, or swelling or effusion which subsides with rest and time. It represents a violent reaction on the part of the tissues against a renewed virulent infection. It ends in local suppuration, and in some cases has been sufficiently serious to threaten the limb or even the life of the patient.

TREATMENT FOR PULMONARY TUBERCULOSIS.

A writer in the *Medical Record* calls attention to the fact that it is the combination of the tubercle bacillus with the pus bacillus that makes it so deadly. To combat the latter, he recommends the use of a fresh preparation of calcium sulphide. He gives doses 6 to 8 grains a day with success, and uses creosote and cod liver oil simultaneously.

THE CHILD.

THE GREATEST NATIONAL ASSET—A PLEA FOR A WIDER PATRIOTISM.

II.

Tuberculosis visiting is an illuminating study. Here we find the children of the nation exposed to an infection from which there is little possibility of escape.

We deal with ignorance and selfishness, not to mention squalor, on the part of the parents.

We deal with carelessness and selfishness on the part of the owners of small property.

We deal with impossible economic conditions, with, at present, an inadequate scheme wherewith to fight the disease.

There is also a phlegmatic hopelessness on the part of the poor to alter their condition.

I do not wish to infer that the fine body of Tuberculosis Health Visitors are therefore wasting their time; far be it from me to suggest such a thing. They work splendidly in the public cause, but much of their labour, on account of housing conditions and an inadequate scheme to deal with the disease, is undoubtedly futile, and the fruit of their labour in many instances is beyond their ken. One thing is certain—below a certain poverty line it ceases to exist.

Come with me up King George's Yard, and I will show you a typical family, by no means the worst of my acquaintance.

We start from a busy thoroughfare of a commercial city. Five minutes' walk takes us to Factory Lane, a steep and sloping street, with factories on either side, from which pour hundreds of women and girls at the dinner hour.

We turn again into Wool Weaver's Alley. On the right lies the Yard we seek.

The houses at the entrance are tall and dark; evidently the very poor live here.

There is a smaller row a little farther up. They fill what might have been an open space, and are of the back-to-back type, with *no through ventilation*. The last house is our destination, where the roadway ends in a *cul de sac*.

When I first visited, the family consisted of six:—Father, aged 49, Mother, still in her early thirties, and three boys; an infant girl of six months completed the family circle. George, the eldest, was nine; Stanley, five, and Malcolm, two and a half years old.

The patient, the father, had suffered from laryngeal tuberculosis for seven years. Four times had he been an inmate of the Union Infirmary, and four times had he returned to the

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