

THE CARE OF THE SCHOOL CHILD.

THE TUBERCULOUS CHILD.

A lecture on the above subject was given on June 28th, at the London Day Training College, by J. Edward Squire, Esq., C.B., F.R.C.P., Physician to the Mount Vernon Hospital, Hampstead.

Ten thousand children under the age of fifteen, he said, die every year from tuberculosis. These figures did not represent the total effect. Some die after that age; some recover; and some recover, though crippled for life. He described the various ways in which it affects children, and said that lung disease from this cause was not so common in them as in the adult. The seeds must find the proper soil to grow in; and it was too often found in the London child, who lacked good food and fresh air, and whose vitality was always low. In cases of tuberculous joints, there was often a history of a fall or blow. It was when they were in the inflamed condition caused by such an accident that the tubercle bacillus already circulating in the blood found a suitable resting place. Cleanliness and the cult of the open window would go a great way in the prevention of tuberculosis. He strongly advocated open-air schools, and said there should be residential schools of this kind for preventive work among the poorer children.

THE CRIPPLED CHILD.

Lecturing on "The Crippled Child" at the London Day Training College, on July 5th, Mr. R. C. Anslie, F.R.C.S., Medical Officer of the L.C.C. Cripples' Schools, said there were not so many crippled children in London as was generally believed. Out of the 700,000 children in the schools, only about 4,000 were crippled.

The number that were born cripples was extremely small; nearly all that were so afflicted became so at a comparatively early age. Tubercular disease of the bones and joints was responsible for about 50 per cent. Infantile paralysis was the cause of a large proportion of the other half. It was now known that these were both infective diseases, and, in consequence, a large diminution of cripples might be looked forward to. He advocated strongly institutional treatment for these children; but, of course, the expense would be very heavy. The tuberculous subject, though apparently cured, should always be carefully watched and safeguarded. It was not right that they should be in ordinary schools where they ran great risk of injury. He impressed the necessity of noticing early symptoms in children, and that any alteration in a child's habits ought to receive attention. Infantile paralysis was capable of great improvement. In the last five or six years he had treated thirty cases, only two of which he had failed to make walk.

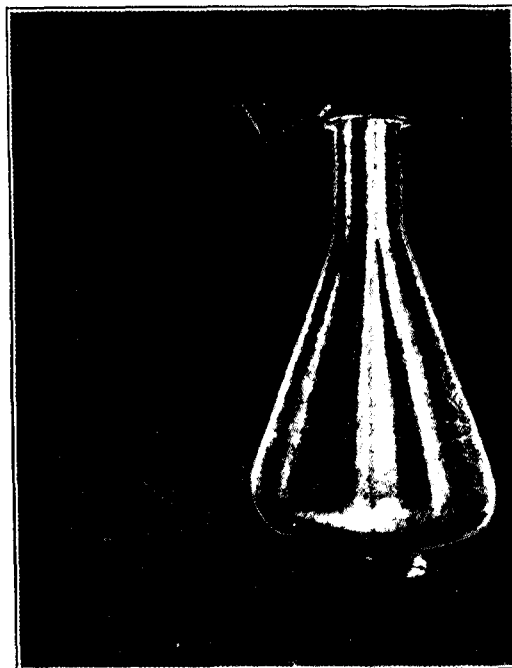
PRACTICAL POINTS.

A Simple Method of Giving Saline Subcutaneously and Intravenously in Use at the Royal Victoria Hospital, Montreal, Can.

Writing in the *Modern Hospital*, Dr. E. C. Levine, of the Royal Victoria Hospital, Montreal, says:—

"In the giving of saline intravenously, there are some slight difficulties which I think could be overcome by the use of a receptacle or flask, which I shall describe later. Let us consider the drawbacks which exist in the old method of giving saline intravenously:

"1. The monotonous and tiresome act of having to hold the funnel at arm's length, and the occasional overflow of same when fluid is too vigorously poured out from flask by the assistant.



THE CORK REMOVED FROM FLASK.

"2. The unequal pressure of fluid in the funnel.

"3. Possibility of air getting down into the tube, due to allowing the funnel to empty itself.

"4. Exposure to air and contamination.

"The simple device, which has been worked out with the kind assistance and valuable suggestions of Miss Felter, head of the operating department of the Royal Victoria Hospital, is as follows:—It is a continuous flow arrangement, which, when suspended from a stand, avoids the need of an assistant. The flask is an ordinary one (Erlenmeyer), such as is generally used in a hospital, and the cork is made of soft rubber with an adjustable screw running through it, attached to a small plate on its inner surface. This, by the use of the

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