

## THE TREATMENT OF SOME COMMON TUBERCULOUS AFFECTIONS IN CHILDREN.

Dr. C. R. Keyser, in the *Brit. Jour. of Children's Diseases*, July, 1907, in his article states that a very common lesion of tuberculous nature is found in the subcutaneous tissue of children in the form of a small, firm, rounded mass which is freely movable. Later the skin becomes involved and the tuberculous mass softened, so that fluctuation can be obtained. These masses may occur anywhere in the body, but are most common on the limbs.

These tuberculous deposits may be found anywhere in the deep cellular tissue and are quite independent of any bone disease. In these cases there is not a drop of true pus, and the author considers that incision and drainage is the worst possible treatment which can be adopted. He says that in these cases there is no elevation of temperature until this deep-seated abscess has been opened.

The author suggests that incision and complete evacuation with careful removal of all caseous masses, and of the pyogenic membrane is indicated. If the cavity is large it should be flushed with plain boiled water, or normal saline solution, to wash away the scrapings. Iodoform may be dusted into the cavity, but it is doubtful if it has much effect in promoting cure.

The whole wound should then be accurately sutured, a large pad of wool applied, and pressure maintained by means of a strapping or bandage.

"In the majority of cases the wound heals by first intention and there is no subsequent re-accumulation of tuberculous material." If the latter should occur, the fluid can be removed by aspiration or a small incision which can be subsequently sutured. The author considers aspiration of these abscesses undesirable.

In the subcutaneous variety the whole mass should be dissected out if possible, if not, after careful scraping and removal of unhealthy skin, sutures should be inserted.

Caseating glands where situated superficially or deeply should be treated by excision and suturing.

Tuberculous dactulitis should be treated by means of a Scott's dressing, carefully applied, and re-applied as often as it gets loose. If these measures are not successful the bone should be laid freely open and scraped out with a sharp spoon. The cavity should then be filled with small pieces of dicalcified bone chips, the wound sutured and a splint applied outside of the bone. In most cases, the author states, the wound heals by first intention and there is very little subsequent deformity.