THE URBAN HOSPITAL TREATMENT OF EXTERNAL OR SURGICAL TUBERCULOSIS : ITS DEFECTS AND A SUGGESTION FOR THEIR REMEDY.

By A. H. TUBBY, M.S., F.R.C.S.,

Surgeon to Westminster Hospital, Senior Surgeon to Evelina Hospital for Children, and Consulting Surgeon to the Hip Hospital, Sevenoaks.

For a good many years past, but in London especially during the last six years, the attention of the public has been steadily directed by appeals and by articles in the press to the needs of hospitals, with the result that funds have flowed in and councils have been formed to administer the charity thus bestowed. These councils have granted funds proportionately to the requirements of the hospitals and the nature of their work, taking certain criteria upon which to determine the amount of the grant to each hospital. The object of the councils is of course to obtain through the hospitals the greatest relief from suffering and pain consistently with economy in expenditure.

The mere statement that a certain number of patients have entered a hospital and have been "relieved" and discharged and that so much money has been spent by no means necessarily implies that the greatest good has been done by the sums expended. The main object of a hospital must be to cure and not to relieve, and one cured case is of much greater value to the community than a dozen cases "relieved," and especially is this the case, if the patients be children. More particularly does this hold true of surgical tuberculosis in childhood. By "surgical tuberculosis" we understand tuberculous disease of the bones, joints, glands, and skin.

Those surgeons who work in children's hospitals in large cities and towns find themselves constantly face to face with problems arising from difficulties in the treatment of this form of disease, so much so that they have felt that it baffles their efforts, and have expressed themselves as being unable to stem the tide of work due to the frequent recurrence of the disease in the same patients. A poor little mortal so afflicted returns time after time to the hospital for further operative procedures, and the net result on each occasion is only temporary "relief." Such children return to insanitary homes, the disease breaks out again, until too often they finally succumb, the victims of acute tuberculosis.

If these cases are seen at the onset of the disease, if they are taken in hand early, and if the treatment be thorough, they can be cured. By thorough treatment, we mean admission to a hospital not on a crowded city site, but placed either in the country or at the seaside, and where matters are so arranged that the child can stay until he is perfectly cured.

We may briefly review what takes place at present. Most surgeons will agree that one of three things happens. Let us take as examples (1) a child, the subject of early tubercle in one of the phalanges or metacarpal bones, is brought to an out-patient's department and operated upon, his admission being impossible on account of the demand for beds for acute cases. He continues to attend for the wound to be dressed. In his home he is a source of contamination to others, while he himself does not improve. The disease spreads to the glands, and this condition being now somewhat urgent

he may be so fortunate as to have a bed found for him. An operation is performed, and the wound may or may not heal. In either case he is sent off to a convalescent home for a period of three weeks or so. This period is in most cases totally inadequate. When discharged from the convalescent institution he returns to his own home to be subjected to the same pernicious influences as heretofore with the result of another outbreak. He has not been thoroughly cured. (2) Another is seen for the first time at a hospital with a tuberculous joint in an acute stage. He is operated upon but the wound fails to heal, and it seems that the longer he remains in an urban hospital the less likelihood there is of healing taking place. He is therefore forthwith relegated to a seaside establishment, and may or may not recover. (3) The disease is recognized early, the child is sent away at once to a hospital at the seaside equipped in every particular, officered by a skilful staff, the whole treatment including the operation is carried out there, and the child is not allowed to leave until it is quite clear either that he is cured, or that the disease has gained such a hold upon him that no cure can be expected. This course is followed more often abroad, especially in France, than in England.

The first and second courses are both wasteful and dangerous, wasteful because the financial resources of the hospital are not used to the best advantage, and there is loss both of money and time; and dangerous, because patients are too often not cured, and may become a source of dissemination of tubercle both in the hospital and out of it. Such patients occupy beds for a long period, which might with greater advantage be devoted to more acute cases. Indeed, we have known such cases to be sent away from the hospital to make room for other cases more pressing. So that these cases do not appear to be of the proper type to be admitted to or derive benefit from urban hospitals. Now come further mischief and waste of money and opportunities. When the effects of prolonged confinement in town are abundantly manifest, and the disease has obtained a firm hold, the case is sent away to the country or the seaside. The result is that the resources of that establishment are exhausted in dealing with cases which are not suitable because they have been sent there too late.

It is on this point that we feel justified in urging that there is in the administration of children's hospitals a waste of resources and a leakage of money. The problem is a large one, and much energy will be needed to tackle it successfully. In a general way every one will conceive that the present method is evil, but specific instances may help to bring the lesson home. We have been at some pains to collate statistics from some of the children's hospitals in London, and we have to thank the staffs and committees of management of the Belgrave, Evelina, Paddington Green, and Victoria Hospitals. For the actual compilation of the statistics we are indebted to Mr. Francis Jaffrey, Mr. Perry W. Rowland, Mr. Archibald Mahomed, and Mr. Maynard Smith respectively. It has been difficult to define "relief" and "cure." In the cases of two of the hospitals the compilers have been compelled to rely upon the statement in the casebooks as to relief or cure, but in the two others postcards were sent out to the parents, and they have been asked to answer two questions: How is the child now? and Are there any discharging wounds? It appears from the replies that, in some cases which have been discharged as cured, a recurrence of the disease has taken place, attended by the formation of sinuses. In other cases where the patient has

Total Number of In-Patients Admitted (all Causes) in the Year 1901 (2040); Number of In-Patients Admitted for External Tuberculosis (Glands, Skin, Joints, Bones) (218).

Hospital.	No.	Sex.		Age.	Duration of Treatment Previous to last Admission.	Site of Main Lesions.				Duration of Last Stay in Hospital.			No. of Operations.	Result.			
		F.	M.			Glands : Neck.	Skin: Face and Legs.	Joints : Hip, Knee, and Elbow.	Bones.	Minimum.	Maximum.	Average.		Average.	Relief.	Cure.	Doubtful or Unchanged.
				Average.	Average.												
Belgrave .. 15	10	9	5	1 yr. 7 mos.	3	2	9	5	7 days	112 days	36 days	3½	10	5	4	—	
Evelina .. 64	36	28	6½	1 yr. 3 mos.	11	0	31	22	6 "	200 "	61 "	2½	35	24	—	5	
Paddington Gn. 54	27	27	5½	1 yr. 3½ mos.	10	4	21	10	3 "	112 "	34 "	1½	37	14	—	3	
Victoria .. 81	42	39	—	1 yr. 3 mos.	21	4	29	27	3½ "	280 "	32 "	2½	46	25	9	1	

been discharged as "relieved" he has subsequently improved with closure of the sinuses. And this occurrence as a rule has taken place after a visit to the seaside.

Taking the returns from these four children's hospitals for the year 1901, the total number of children admitted as in-patients for all causes was 2,040, and of these no less than 218 were admitted for external tuberculosis—that is, tuberculosis affecting the skin, glands, bones, and joints. The average age of these children was 5 years and 8 months, the average duration of the disease previous to admission in 1901 was 1 year and 4 months, and the average duration of the last stay in the hospital was 6 weeks; the total number of operations performed upon these 218 children was 429—that is to say, that most cases were operated on twice, and some three times; three had been operated upon 18, 12, and 11 times respectively. This last fact alone constitutes a strong indictment of the present system. If such patients are treated from the first in the country, operations are comparatively seldom called for. In one hospital, where the number of times the patients had been in that hospital was quoted, we find that 81 cases had been in the hospital 153 times; and some had been admitted as often as 6, 5, and 4 times into that hospital. But it appears that the patients are not always taken to one particular hospital, but go the "round," hence the total number of times they are admitted must be much greater.

As a result of all these efforts, only 69 out of 218 are stated to have been cured, 128 are said to have been "relieved"—a very unsatisfactory term, because we know by experience that such cases are probably still requiring care and attention, and are very likely to be readmitted.

It is evident that there is great lack of system in the present method of treating these cases, so that money is now spent largely in giving temporary relief; and it is certain that it can be more wisely used in boldly attacking the disease, and conquering it in its early stages by placing the patients in those natural surroundings which are admittedly of great therapeutic, and therefore of economical, value. Taking the cases of external tubercle as one-tenth, as the statistics show, of the total number of children admitted to the hospitals, is it not advisable to set apart one-tenth of the present income of urban children's hospitals for the purpose of treating surgical tuberculosis in a systematic and thorough manner, and away from large centres of population?

For this purpose it is essential that cases of surgical tubercle should be excluded from the wards of the hospitals. These should be merely "receiving" centres, and each hospital should have its branch establishment away from the city, supported by the one-tenth of its income, as above mentioned; or, if this sum be too small to maintain a separate establishment, two or three or more hospitals should unite to support a branch hospital, the beds being divided according to the sums contributed by each urban hospital. The country hospitals must be conducted on definite lines. The cases which are pre-eminently suitable for admission being early ones and capable of cure, not simply of relief. Further, it must be clearly understood that the patients are to remain under treatment until the cure is firmly established. Difficulties may arise in connexion with the surgical administration of the branch hospitals, but these may be met in one of two ways. For the general attendance on the children a staff of local practitioners should be appointed, while the more urgent surgical calls may be met by delegating one member or more of the surgical staffs of the hospitals in London for visiting and emergency duties. If this plan be not feasible that which is carried out at the Hip Hospital, Sevenoaks, may find favour. A local staff deals with the general wellbeing and the ordinary surgical treatment of these cases, while a consulting staff of operating surgeons in London is called in from time to time as necessity arises.

Finally, it should be recognized that there are situated in the midst of parks and other open spaces, recently acquired by such bodies as the London County Council, mansions which could easily be adapted for the purposes of branch hospitals for the treatment of the disease. This last-mentioned plan will be a step in the right direction, but it admits of further development.

THE Consul-General for Mexico in Liverpool has received official notification that the Mexican Government proposes to give an annual grant of money to the Liverpool School of Tropical Medicine. The Mexican Government has from the formation of the School taken a deep interest in its operations.

THE EPIDEMIC OF SMALL-POX.

THE provincial newspapers contain many references to small-pox, especially in the north of England. The part played by tramps in the spread of the disease, and the circular of the Local Government Board calling on Boards of Guardians to give special heed to the vaccination of tramps, are receiving increasing attention. In two or three places all vagrants obtaining admission to casual wards are being medically inspected to ascertain whether any of them are suffering from small-pox. That is a useful precaution which might, along with vaccination of vagrants, be adopted by all Boards.

Even then, however, the danger will not be fully met, as many tramps go to common lodging-houses instead of to the casual wards of workhouses. The systematic offer of revaccination in common lodging-houses, accompanied if necessary by the offer of a few days' board to let the vaccinated arm get a rest, would greatly reduce the possibilities of spread of the disease by vagrants. That practice has been followed in Glasgow for a number of years now, and the comparative infrequency of the disease in common lodging-houses was a notable feature of the recent Glasgow epidemic. To aid in preventing the spread of the disease from the north of England into Scotland, the Scottish Local Government Board has issued a circular to county clerks and town clerks in the Border Counties and boroughs, calling attention to the danger from vagrants, and asking these officials to bring the matter under the notice of inspectors of poor, parochial medical officers, chief constables, inspectors of common lodging-houses, and all officials who have relation to the class in question.

ENGLAND.

The following data are culled from newspapers, up to about the beginning of the present week. They show how widely spread the disease is throughout a great part of the country.

Northumberland.

At Newcastle, 5 cases have occurred among the employés of the Newcastle Waterworks Company at Matfen.

Lancashire.

In Manchester, on February 10th, 3 more cases were notified, in Wigan 4 cases, and Salford had on that day reached its 59th case. In the Holywell Union a case has occurred in the workhouse, and a temporary hospital is being erected in the parish of Whitford, but ratepayers are protesting, there being four schools and five chapels in the immediate neighbourhood. In Rossendale Hospital there were 19 cases on February 7th, and preparations were being made to extend the hospital. At Maghull, near Liverpool, the infection of 4 persons was attributed to a visitor from Liverpool. At Bacup there are some cases in hospital. In Bolton 4 more cases were met with on the 11th. At Widnes, a man from Oldham who had been distributing "patent medicine" advertisements, was found suffering from small-pox and taken to hospital. The Ormskirk Hospital Board has charged the local guardians 4 guineas per week for each of 4 cases of small-pox treated in their hospital, the patients having been removed from a common lodging-house. After some grumbling it was agreed to pay the account. A case has been reported at Warrington, another at Haslingden, 3 more in the Longendale Valley, and a fifth at Northwich. At Brimington 3 or 4 cases have occurred, and there have been additional cases at Oldham. At Burnley 4 new cases were announced on February 11th.

Cheshire.

There was a case also at Stockport. Dr. Meredith Young, Medical Officer of Health for Stockport, declared to a meeting of the Sanitary Institute at Manchester that if he were compelled to select only one of all the preventive measures known to science, he would have no hesitation to throw to the winds notification, isolation, disinfection, quarantine, the Leicester system, and join his faith wholly to universal vaccination.

Staffordshire.

At Hanley 7 more cases were notified on February 13th. In Wolverhampton on February 11th 2 cases were found at a lodging-house. The other inmates were vaccinated without delay. At Walsall there had been 3 cases in the fortnight ending February 10th, and on that date there were 19 in hospital. At Nuneaton on February 9th a tramp was discovered suffering from the disease.

Yorkshire.

At Rotherham there had been, by February 12th, 32 cases since the beginning of the outbreak.

In Leeds, on February 11th, there were 3 cases, on February