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Editorial.

THE TUBERCULOSIS QUESTION.

No class of workers see more of the ravages, and far reaching effects, of tuberculosis than do nurses, especially those who attend the poor in their own homes, and the report, therefore, of Dr. Timbrell Bulstrode to the Local Government Board on Sanatoria, and certain other aspects of the tuberculosis question is of extreme interest to them. The report is divided into four parts. Part I., which is most interesting to nurses, deals amongst other matters with the decline in the death rate from pulmonary tuberculosis in England and Wales, the degree of its communicability, its duration in pre-sanatorium times, and the evolution of the sanatorium idea, the existing provision of sanatoria and hospitals, statistics as to the immediate results of treatment, the difference in these results as regards "early" and "advanced" cases, and the necessity for the "after care" of discharged patients, also the German compulsory insurance system as a factor in the control of phthisis.

PRE-SANATORIUM DAYS.

Dr. Bulstrode, who in 1902 was instructed by the Local Government Board to visit the public sanatoria for phthisis in this country, and report on the whole question, first investigated the cases of spontaneously cured phthisis in pre-sanatorium days, cases in which tuberculosis was shown on the post-mortem table to have occurred during life, but which were never detected. He also investigated the occurrence of many cases of a chronic character.

One statement in the report is eminently satisfactory. Dr. Bulstrode says:—"The public attention which has been drawn to the subject of pulmonary tuberculosis during recent years has led to the belief

that the malady is increasing, whereas it has undergone an altogether phenomenal decline which, if continued in years to come, may result in the total extinction of the disease." Nurses may, therefore, take heart of grace and continue their daily and unceasing battle with pulmonary tuberculosis with renewed hope.

In regard to the value of sanatorium treatment, Dr. Bulstrode considers it impossible to draw definite conclusions as yet. The immediate results are certainly encouraging, the best being secured in the case of patients admitted during the earlier stages. Though immediate improvement may be noted in cases of advanced phthisis, it is generally more of a temporary character. As for after results they depend much on after care.

The report shows that in this country it is difficult to induce patients to enter sanatoria for treatment sufficiently early. In Germany, on the other hand, there is much less difficulty, a reason being that, owing to the compulsory insurance of work-people in force there, a workman when he develops symptoms of tuberculosis has the legal claim to medical treatment for himself, and to support for his family.

In regard to notification of the disease, it should, in Dr. Bulstrode's opinion, only be made compulsory under certain conditions definitely dissociating it from other infectious diseases.

Notification will be acceptable, or the reverse, according as assistance is rendered to the sufferer. Where the patient is not harassed, and ostracised, voluntary notification may yield useful results. Otherwise the patient is tempted to conceal his malady.

In connection with all these points nurses are in a position to render much valuable help to both patients and authorities.

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