

## The Nursing of Phthisis.

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THE discovery by Koch of the tubercle bacillus and its life history, has completely revolutionised the whole system of the medical treatment and, therefore, the nursing, of phthisis. The knowledge that this disease is, to a very large extent, preventable, that it is most commonly contracted by the inhalation of the dust of dried sputa, and that a very large percentage of cases are curable if properly treated in the early stage, has caused, within the last few years, a radical change in the old theory and practice formerly taught in regard to phthisis.

Sanatorium work is rapidly becoming a special branch of the nursing profession. It is obvious that it cannot be properly taught in our great "general" training schools, but, like midwifery and massage, must be learnt as a post-graduate subject. According to present statistics, "of all deaths in the United Kingdom between the ages of 25 and 35, nearly one-half are due to consumption"; it therefore follows that the special knowledge required for dealing with it should be an essential part of the private nurse's mental equipment.

The nursing of phthisis under the modern "open-air" or "hygienic" system, may be briefly considered under the following heads:—

A.—The building (whether Sanatorium or private house), its aspect, ventilation and heating.

B.—The patient's diet.

C.—The patient's weight, temperature, exercise and enforced rest.

D.—The treatment of expectoration.

A.—Sanatoria should on no account be situated in low-lying valleys, in a large town, or near a public road or railway, on account of the irritation to the air passages caused by damp or foul atmosphere, or the dust raised by any form of traffic. The rooms the patient inhabits, whether by day or night, should have a south or south-west aspect. Verandahs or balconies in front of the building are highly undesirable, as they hinder to a very great extent the ventilation and free entrance of sunshine into the rooms behind. A good garden, on the other hand, is a *sine qua non*, for it is there the greater part of the treatment will be carried out.

The furniture should be comfortable, but plain, and, as far as possible, capable of being sprayed; for this reason a good leather is the best covering for couches and easy chairs, whilst washable

chintz covers may also be provided if preferred for æsthetic reasons.

Only washing curtains are to be allowed, and the room walls should be either painted or covered with some other material which will stand soap and water. A closely fitting linoleum or cork carpet is the best covering for the floor, and it should be daily wiped over with a wet cloth. It is a good plan to have wardrobes and other heavy furniture raised on legs about 1 foot high—this permits the cleaning of the floor underneath them. The maids must be taught to use cloths wrung out in boiling water for dusting, and the nurse should always see that her patient is not in the room while the bed is being made or any dust stirred.

Windows of the French pattern give a very much larger air space when open than do those of the usual sash description; they need scarcely ever be closed if wind shutters are provided, as these are very effectual in keeping out wind and rain. The bed, moreover, must be moved about in the room to a position free from draught, according to the quarter of the wind.

It is also a good thing to have the room doors fitted with hooks and staples, that they may be fastened open and the room, when not occupied by the patient, thoroughly flushed out with fresh air.

The temperature of the rooms must be carefully watched, and not allowed to fall below 48 degrees to 50 degrees Fahr. Open fires are by far the most satisfactory means of artificial heating, as they are also great aids to ventilation. Electric lighting is the only method now in use that can be recommended, as it alone does not tend to foul the air.

B.—One of the nurse's most important duties in dealing with a phthisical patient is the management of his diet. Apparently, the resisting power of the patient's constitution to the disease lies very largely in his ability to take and assimilate large quantities of food. Care must, therefore, be taken *not* to overtax his digestive powers, and long intervals should elapse between the regular meal times at which alone he is to take solid food. The most satisfactory method is to give half a pint of hot milk about 7 a.m. before the patient has the fatigue of dressing. Breakfast, at 8.30 a.m., should be a hearty meal; porridge and milk the foundation, after that the customary dishes of bacon, chops, kidneys, etc., etc., finishing up with honey or marmalade. About 11 a.m. the patient should take ʒx to ʒxx hot milk. Lunch or early dinner at 1 p.m., will consist of soup, fish, plain roast or boiled meat, and milk or suet puddings; if possible, milk should be the beverage at this meal (it will be

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