

the work of the dispensary is not conducive to better results is that the patient, after receiving treatment, instructions, etc., returns to his home, often a miserable, unsanitary hovel, where, to his ignorance and enfeebled condition, it seems well-nigh impossible to carry out the doctor's instructions. After a few futile attempts to obey one or two of the simpler directions the poor victim succumbs to circumstances, falls back into the old, easy way of living, and continues a menace to his family and a long drawn out misery to himself.

The very first attempt towards systematic and practical visiting of the tuberculous poor in their homes was made in Edinburgh in 1887, when the Victoria Dispensary for Consumptives was established in that city, and general visiting of the patients in their own homes, for the double purpose of treatment and investigation, was inaugurated.

Nevertheless, it was not until 12 years later, namely, in 1899, that the work was taken up in this country, and then not by trained nurses, but by two women medical students in Baltimore who took it up partly for philanthropic and educational purposes, and partly for investigation. These students directed the patients visited in all the essentials of home treatment, teaching them how to follow out the instructions given by the doctors as to fresh air, diet, disposal of sputum, etc., and also how to protect their families and friends from infection. At the end of a year a report was made, which showed that the investigation had been fruitful of much good, and had also brought to light many conditions which it was felt must at once be fought against and remedied if we would have the anti-tuberculosis work in this country effective and permanent. These conditions were the overcrowded and unsanitary state of the patients' homes; the lack of air and light; the ignorance as to what was nourishing in the matter of food; the lack of ability on the part of the patient and his family to make the most of a little, or to follow out any of the doctors' instructions; and finally the frequency with which the people of their class moved from house to house, leaving behind them, in their infected tenements, a terrible heritage of disease to the next occupant.

The matter seemed of such importance that within a year a regular trained nurse was put in charge of the work in Baltimore, while in New York the Charity Organisation Society, the Vanderbilt Clinic, and finally the Department of Health, took up the matter and supplied properly qualified nurses to supervise all home cases of pulmonary tuberculosis, instruct the patient and family in preventative mea-

asures, and report all removals, whether by death or change of residence, to the Health Department for fumigation.

The work done by these nurses was most satisfactory. It was found that their special training enabled them to solve many of the practical problems encountered, and that they were able to bring about a close co-operation not only of all dispensaries, clinics, hospitals, and sanatoria, but also of all charitable organisations, by turning over to each organisation that part of the work for which it had been especially established, as, for instance, to the associated charities, soup kitchen, needlework guilds, etc., all calls for material aid; to the housing committees, for improvement in dwellings; to the city authorities the fumigation of infected rooms; to the fresh air charities the patients requiring fresh air; and to each and every church and race the care of its own people.

There are at present about fourteen cities in this country where home visiting is carried on by special tuberculosis nurses, and about 150 nursing organisations who are doing tuberculosis work. When one realises that this means that approximately 500 visiting nurses are carrying practical instruction into thousands of homes, and actively combatting the disease in the very citadel of its greatest strength, we can get an idea of the extent of the nurses' work in the great anti-tuberculosis movement. In most of the cities the nurse works with a tuberculosis dispensary, being as it were an outgrowth of the plant already established.

The work of the tuberculosis nurse differs in many respects from the work of an ordinary visiting nurse. In tuberculosis there is little real nursing to be done. The majority of the patients are not confined to bed, and are often able to move about the house until the very day of their death. But even when their strength fails, and they are obliged to pass day after day, and week after week, in bed, there is little that can be done for them. A daily bath or an alcohol rub to rest them; perhaps attention to bed sores, if they come; the preparation of nourishing meals to tempt the waning appetite; a bright word or a pleasant smile to cheer, this is about all that can be done to relieve the patient near to death. The greater part of the work, therefore, is instructive and preventative.

"The patient is instructed how to live; how to take care of himself; how to take care of others about him; what care to take of his sputum; what to eat, what not to eat; where and how to sleep; how to get fresh air; what kind of clothing to wear; when to rest, when

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