

## The True Function of the Tuberculosis Nurse.\*

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At present the campaign against tuberculosis is almost entirely an educational one. People are being taught by two different methods, brought to bear on two different social classes. In the first place, there is the instruction of groups or communities by means of lectures, exhibits, and the Press. The people reached by this method are well above the poverty line; their habits and circumstances of living protect them, as a rule, against tuberculosis, which is found among them only incidentally—tuberculosis being essentially a disease of poverty. This instruction, nevertheless, is extremely important for the following reasons: to enable people of this class to protect themselves from incidental contraction of the disease, and because it is largely their feelings and opinions which constitute what is known as public sentiment, in the rousing of which lies the only hope of stamping out the disease for all members of the body social. It is becoming more and more clear that the suppression of tuberculosis demands the segregation of all patients who are centres of infection, and the only way of bringing this about is by educating popular opinion to the point of expressing itself in legislation which shall deal with tuberculosis in this radical way.

The second method is the instruction of individuals, themselves tuberculous patients, belonging to the class which this disease claims as peculiarly its own—namely, the poor. In order to see clearly the conditions and results in the case of this method, I will make a brief survey of the history of its development in Baltimore. A few years ago, when the tuberculosis problem came up for the first time, its solution was thought to lie in teaching the class of people especially subject to the disease; showing them in their own homes how to deal with it when contracted, how to prevent its spread, and how to guard themselves by living hygienic and careful lives, all of which seemed feasible at this time. The best means of conveying this instruction seemed to be the appointment of nurses who should visit tuberculosis patients and teach

them according to their needs. I think that Baltimore was the first city that undertook to support a nurse for this purpose. When the first tuberculosis exposition ever held was opened in Baltimore in January of 1904, so great was the interest awakened, and so much was hoped for by the teaching of the poor by nurses, that Mrs. William Oslar undertook to raise a fund to support a special nurse to do this work. At the same time, through the generosity of Mr. Victor Bloede, the dispensary of the Johns Hopkins Hospital was given a special tuberculosis nurse, whose work should include visits in the homes of the patients. These two nurses, one under the supervision of the Instructive Visiting Nurse Association, the other attached to the Hopkins, divided the city between them, visiting all consumptives that were reported to them. To-day the Hopkins has two special tuberculosis nurses, and the Association has four. The Association nurses visited advanced and hopeless cases, where the patients are on or below the poverty line, while the dispensary nurses give class instruction to selected cases, taken from those whose financial as well as physical condition holds out some prospect of cure. Both sets of nurses are engaged primarily in the education of these people, and the people are learning—the few who can and will apply the teaching to their daily lives, and the many who cannot and will not.

To my thinking, the nurse is justly selected as the person best qualified to act as teacher. The doctor can only diagnose—he has neither the time nor the opportunity to be a teacher; even to carry out his own work he has to use the nurse as his interpreter and go-between. It is sometimes contended that recovered tuberculosis patients would make good teachers, but not even a patient who has been cured can carry the sense of conviction that comes with a capable and experienced woman who belongs to the nursing profession. A woman of this sort, when she has entered a home, includes in her care all of the patient's family, as well as himself. Of course, her attention is directed primarily toward the comfort and needs of the latter, but at the same time she instructs the family how to administer to those needs, thus giving them valuable practical knowledge while developing in them a sense of responsibility which they would not feel if she shouldered the whole burden. She studies the moral as well as the physical condition of the whole family, and diagnoses their requirements, where necessary calling in other agencies for help and relief. She goes to market with the family, advises

\* Read at the International Congress on Tuberculosis, Washington, U.S.A.

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