

as to kinds and qualities of food and the method of cooking it; sees to the plumbing and reports unsanitary conditions to the proper authorities. All this means possibilities for the education of the people and the reconstruction of their home lives, which, in the hands of an energetic and well-trained nurse, far exceed those of any other agent. The conclusion is, therefore, justifiable that, if the suppression of tuberculosis could be effected at all through the education of the class of people most concerned, the visiting nurse is the one whom we must employ for this end. In the beginning it was confidently expected that her teaching might bring forth fruit, if not in cures, at any rate in preventing the spread of tuberculosis, thus solving the most important part of the problem. But now comes the question as to whether or not this expectation has been fulfilled. As a matter of fact, the experience of four years of continuous work in the homes of tuberculous patients of the class under consideration has demonstrated to me that the results hoped for have not been obtained, and, moreover, are not obtainable by this method. There is now no part of Baltimore where instruction concerning tuberculosis has not been given. The people are well aware of what it means, of the methods of treatment, and of prevention. Those who have not had it in their own families have learned from friends or neighbours who have been visited and taught by nurses. They are always interested in their neighbours' affairs and fond of talking about their own; moreover, they are, as a rule, willing to tell all they know and to listen to all they can hear in the way of general information. They recognise the district nurse by her uniform, and it is a daily occurrence for someone to speak to the nurse as she passes through an alley, asking her to go to see some consumptive of whose existence she had not known. Many of the better class have been to lectures and exhibits, though it must be said that it is only through the nurse that this counts for anything in the way of education, because almost none of them grasp the significance of what they hear and see except as the nurse interprets it to them and shows its application to their own lives.

Yet with all the body of information which is now possessed by these people, and with all the practical aid which is given to help them in their application of it, tuberculosis in Baltimore shows no sign of decreasing. The failure of education as a method of suppressing the disease lies in the fact that even with the help they receive these people are unable to

apply what they have learned consistently and unflaggingly in their daily lives—an inability due in the first place to lack of sufficient moral strength, in the second place to lack of material necessities and requisite surroundings. It is only under the most careful supervision that they can begin to practice what they have been taught, much less carry it on as a systematic and permanent routine. On the other hand, it taxes the nurse's ingenuity to the utmost to find in their houses the means by which they can follow even one or two of the simplest rules of hygiene and prophylaxis.

During the past four years the Association nurses have visited 3,000 different patients, of which number 50 per cent. were recipients of charitable aid. People who are thus demonstrated as being on or below the poverty line have not, in the nature of things, the means of carrying out the principles of hygiene, nor do their surroundings permit of it. Thus, even where patients have the mental and moral capacity for making use of their instruction, they are again and again prevented from doing so from force of circumstances.

It follows, then, that the most the nurse can do for these patients and their families by direct methods is to mitigate somewhat the evils of the disease for the individual sufferers. As concerns the primary object, that of controlling and ultimately suppressing the disease, her work is a failure; in other words, education of the class of people concerned is not an effective method of fighting tuberculosis.

This does not mean, however, that the visiting nurse is not one of the most valuable and indispensable factors in the work, but only that the real service that she renders to the cause has taken a somewhat different shape from that which was originally planned. The realisation of this fact ought to renew the courage of those tuberculosis nurses who are disheartened by the seeming lack of results in their work, and enable them to direct their future efforts with greater clearness of sight, and, consequently, greater efficiency. The true function of the tuberculosis nurse at present, as it appears to me, is of a twofold nature. On the one hand, she can put the facts so strongly before the public that the State will finally be obliged to take measures to accomplish what she herself has been unable to do. She is able to unearth and expose to the public conditions whose existence no one else could suspect. Her opportunities in this line are unlimited. She cannot stamp out tuberculosis by teaching her patients, but she can do an

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