

The Tuberculosis Nurse as a Social Worker.*

BY ELIZABETH P. UPJOHN.

The time has come when the physician with his medicine chest and the rigid discipline of the sick room no longer rank first in the treatment of disease. All maladies both of mind and body are treated with sunlight, pure air, generous diet, congenial occupations, and personal hygiene. In the world's combat for better conditions it is obvious that the nurse must be ready to adopt new methods and look for fresh fields of work if she wishes to maintain a wide sphere of usefulness.

Since the institution of the visiting nurse, and especially the tuberculosis nurse, the profession has had opened to it the greater and wider possibilities of social study and advancement.

It is no exaggeration of the enthusiast to say that no class of patients has offered the nurse greater opportunity to consider health and disease from a social standpoint than the ambulant tuberculous class which to-day claims a large percentage of the world's population.

Now that the State and Church are alike striving to improve human conditions through social reforms, the chief factors in the field are no longer found in the council chamber and pulpit, but in the ward, factory, and school.

In this international anti-tuberculosis fight what is the part taken by the nurse and social worker?

In the home of the tuberculous poor, the nurse serves not only at the bedside, but, finding herself for the first time face to face with the causes of disease, certain other responsibilities toward the family and community develop. In the execution of these she must recognise and work with all the social force of a community. In so doing, she becomes an economic and educational factor. Like opportunities are offered to the visiting nurse in the school, private organisations, dispensaries, and tuberculosis associations.

In fact, wherever the nurse comes in contact with poverty and ignorance, she has a field of activity open to her. As an illustration, I will give an outline of a single case.

The case was referred by the district physician. The nurse called to find a family of eight—father, mother, and six children,

living on the top floor of a three-roomed tenement.

The father, in the advanced stage of consumption, who had been unable to work for the past four months, had at last become bed-ridden; the mother, now the bread-winner, was out for a day washing, while the oldest child, a boy of twelve years, acted as nurse and housekeeper, caring for his father, cooking the dinner, and looking after the children too young to go to school.

To bathe the patient and leave him comfortable in a fresh bed and tidy room, until she returned the following day to repeat her duties, formed but a small part of the nurse's service to the family.

Before the question, "Why was not the patient taken at once to the hospital?" arises, I will say, the man was a Frenchman, and, having lived less than two years in America, the State hospital was the only place available to him, and his pleadings not to be sent there were so heartfelt that the home care of the case was adopted.

Through prompt conference with the charities organisation, a working helper was provided in the home, thus enabling the oldest boy to renew his neglected education, and the mother to return to a clean home after her hard day's toil. The younger children were placed in the neighbouring day nursery, one child found to be a cripple was sent to a school especially for cripples.

The defective plumbing and a neglected garbage heap were brought to the attention of the sanitary police.

All the members of the family were examined, and became subject to the medical supervision of the tuberculosis dispensary, the scanty diet being supplemented with milk from that department.

Through the St. Vincent de Paul Society, clothes were provided for the children, the same society sending a friendly visitor into the home.

The review of almost any case where the tuberculous member has remained at home to effect his cure, shows that the nurse merely as a nurse is taxed but little, compared with her workings with other organisations through whose co-operation the family as a whole has been benefitted.

So one might cite case after case where the nurse, acting as a focussing agent, effects the desired result by the co-operation of many sources.

In all its phases, tuberculosis is essentially a home disease, and its extinction a home-problem.

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

[previous page](#)

[next page](#)