

## The Importance of Nursing and Supervision of Advanced Cases of Tuberculosis.\*

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In presenting this brief paper on the subject of the care of the advanced cases of tuberculosis, I am addressing myself to the members of my profession only. In the care and supervision of the advanced case three things are to be thought of. Pre-eminent is the prevention of contagion; second, the human side; and third, and not least, is the economic value to the community.

The writer does not wish to be taken in the light of criticising any method, but as urging a plea on behalf of these helpless outcasts, as well as advancing the truth, that the care and supervision of these cases is the very medium whereby nurses may help to finally eradicate the disease. If we stop for a moment to consider the real situation, as far as the advanced case of tuberculosis is concerned, we will find that there has grown up a lack and indifference in regard to him that is overwhelming. Education of the healthy public at large, sanatoriums, and dispensaries for cure and care of incipient cases cannot begin to get at the bottom of things, as would the rigid and constant care and supervision of the advanced consumptive, whether it be in the home or institution. What are associations and nurses doing to-day for these helpless ones? Just scratching the surface and letting them go on spreading disease, infecting and re-infecting lodging-house, tenements, shops, and leaving in their wake twenty infected people, who will be forced in time to become beneficiaries of dispensaries and sanatoriums for cure. The writer has only the authority of ten years' experience, and, therefore, does not wish to make any undue statement, but it seems to her that our short-sighted policy towards the advanced case is an expensive proposition. With far less expenditure can we care for our one hundred advanced cases than afterwards care for those whom they will in all probability infect. From a personal experience in a community, I should say that *two* incipient cases came from the infection spread by the *one* advanced case, which, if properly, adequately, and decently

cared for till death, would probably have infected no one. Then, we have in a community, we will say, three incapacitated people to support instead of *one*. Of course, the percentage of infection is much greater than the above, but I have used the figures as an illustration. I firmly believe that if the State would for one year turn its attention to the housing, instruction, care, and supervision, either in their own homes or institutions, of the advanced cases, that the appropriations for dispensaries and sanatoria for cures would be decreased twenty per cent. I have had the good fortune and privilege as a nurse in the homes of the less fortunate, to have seen the handling of this class of cases, and I earnestly believe that our best means for prevention is lost because of the lack of supervision and nursing care, simply because the case is hopeless, and there remains no longer a prospect of cure. This apparent indifference to the advanced consumptive and his needs is not for lack of sympathy, but in our zeal to make records of cures, to have so many cases examined, so many visits for instruction paid, and assume an outward evidence of large returns, we have forgotten the hopeless case, who in the meantime, with no one to encourage, instruct, and control him, becomes the greatest possible menace to the community. The situation is pathetic and deplorable—deplorable because unnecessary.

In correspondence with various tuberculosis dispensaries, committees for prevention of tuberculosis throughout the country, I found, with few exceptions, that it was examination of suspected cases and instruction to incipient cases upon which each one based their largest effort. The advanced case was a secondary consideration, both as to actual nursing care and further following up. I may be wrong, and again I say I am not depreciating the magnificent work that is being done everywhere along educational and curative lines, but I feel, with many of my co-workers, that it is inadequate service when the advanced case does not receive our first attention. Perhaps the following may give my hearers some idea of one of the many instances which has made the dire results of inattention to the advanced cases our subject for consideration: A young man in the last stage of the disease came to a tuberculosis clinic for advice. He was told by the physician in attendance that nothing could be done for him. The man was young, a graduate of a well-known college, and the county poor house seemed only a last resort. He went back to his lodgings, a little three-roomed cottage in the rear of a tenement.

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