

Tuberculosis Classes.*

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The tuberculosis class, as we know it today, was first organised and conducted by Dr. Joseph Pratt, of Boston, as an adaption for patients of limited means in a crowded city of a form of treatment used for several years by Dr. C. S. Minor, of Asheville, North Carolina, among his private patients. The limited capacity of sanatoria, the expense of sanatorium treatment, and the necessity of meeting the problem of home care for poor patients were the reasons for the establishment of the tuberculosis class. Since Dr. Pratt's demonstration in the Emmanuel Church Tuberculosis Class of the possibility of successfully treating patients by this means, many classes, more or less modelled after his, have been started in different parts of the country.

The principle in all these classes is essentially the same. Dr. Pratt has called it "home sanatorium treatment," and this term fits it more exactly than the term "class," for it is essentially individual work. In contrast to the usual dispensary care, it "gives a large amount of care to a small number of patients rather than a small amount of care to a large number of patients." The chief features of the treatment are careful home records kept by the patient, supervision in the home by a nurse, and a weekly meeting of the class with the physician in charge.

The success of sanatorium treatment is due chiefly to careful supervision and discipline, plenty of good food, and fresh air. These benefits the class treatment aims to give the patient in his own home. The class should consist of a group—not to exceed 25—under the supervision of the nurse. To assure the best results the patients should, I believe, be rather carefully selected, not so much with the view of admitting only early cases, as for the sake of choosing those of at least average intelligence, who have the right spirit of co-operation. The patient must, himself, assume a large part of the responsibility of getting well, and herein lies one of its special virtues and maybe one of its chief limitations.

Upon admission to the class the patient is given a very thorough physical examination, the treatment is explained to him, and he is taught to take his temperature and pulse. Each patient is provided with a diary record

book for registering every item relative to his physical condition, such as temperature, pulse, itemised list of food, with daily summary of amount of milk, eggs, and oil consumed, number of hours out of doors, amount of exercise, and various symptoms. A weekly weight chart of each patient is kept. A large part of the patient's day is usually spent in a steamer chair, the amount of exercise regulated according to his condition. If possible, he sleeps out of doors at night. Once a week he reports to the physician at a meeting of the class. The careful keeping of the daily record, which must involve faithful following of instructions and the regular attendance at the class, is the patient's responsibility.

The nurse's duties consists of visits to the patient's home and careful supervision of his life. In her first visit she must get a grasp of the situation and make a detailed report to the doctor concerning the home, number of stories, number of rooms, situation of the patient's room, whether or not there are facilities for sleeping out of doors, sanitary conditions, the family group. She must talk over the financial situation, to learn whether or not the patient can have the extra nourishment necessary and the slight equipment that is needed. She frequently must plan with the patient and with the relatives to meet these extra demands, and sometimes ask the co-operation of a charitable agency. She must plan with him, if possible, for sleeping out of doors, by making use of a porch, yard, or roof; if this is impossible, planning for the next best sleeping facilities, where he can get the maximum amount of air. Usually she must supervise the placing of the tent or canvas, and sometimes must see a landlord or neighbour to solicit his interest and acquiescence in these procedures. Occasionally she must persuade the patient to move to a better tenement or house. She must satisfy herself that the patient's milk supply is good, and that it is possible for him to obtain fresh eggs and oil, frequently substituting cottonseed oil for olive oil. Her visits vary in frequency and length according to the needs of the patient. After a patient has become accustomed to the treatment, weekly visits are usually made.

The nurse makes a careful report of each visit to the patient. By means of these reports, the patient's record, his weekly visit to the class, and the periodical physical examination, the physician can keep a careful oversight of his condition and treatment. Careful clinical record is kept and filed with the nurse's report and the weight chart. The necessity

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

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