

for a supervising physician and nurse—who are not only enthusiasts about the tuberculosis treatment, but also tactful, observing, and capable of maintaining a strict discipline—is apparent. If there can be a hearty co-operation of these two with the patient, good results must follow. And if the patient does not really get well, the treatment has, at least, been distinctly educational, not only for himself but for his family also. In contrast to sanatorium treatment, the hygienic conditions are brought to the patient rather than his being taken from an ignorant family group and bad surroundings into ideal hygienic conditions. We are all of us too familiar with the ex-sanatorium patient who is not imaginative enough, or intelligent enough, to apply the truths he has learned during his stay in the sanatorium to his home conditions, and so, in consequence, relapses.

The expense of running a class varies. It can be one of the least expensive methods of dealing with a tuberculosis patient adequately. The place for meeting and the physician's services can usually be obtained free of charge. The chief item of expense is the salary of the nurse. In a small class half-time service is sufficient. In the class work at the Massachusetts General Hospital a corps of volunteer visitors has been organised under the supervision of the home visitor and physician. Each volunteer takes as her charge a member of the class. These volunteers can establish a friendly relationship which may be very effective in keeping the patient up to a high standard in his class work. The cost of the record books, thermometers, and sputum cups may be borne by a private subscription or by the patients themselves, according to their ability to meet this expense. The cost of a tent, steamer chair, and extra nourishment is, of course, the chief expense of the patient. A supply of the necessary articles for loan purposes is often found very useful. Any material relief that is necessary had best come through some outside agent or individual, as it is not well for the class to make a practice of acting as a relief agency.

Three years ago we first organised the suburban tuberculosis classes in the social service department of the Massachusetts General Hospital, Boston. In the effort to stimulate the suburbs to their responsibility, we have been able to throw back to them many of their own cases. For the first two years all our cases were pulmonary. Since then there has been a noticeable change in the type of case admitted. The classes now include several patients with diseased glands, bone

disease, and a large number of eye cases. The encouraging results in many of these patients has suggested that class treatment might be a practical method of dealing with other than cases of tuberculosis. It is essentially hygiene treatment, and might easily be applied to any other disease in which hygiene is of prime importance.

In this, as in every other method of treating tuberculosis, the success is largely a question of the character of the patient. A patient who has always been self-indulgent and undisciplined will not readily submit himself to a rigid *régime*. In the class it is essential, however, that each take a large share of the responsibility, as the members cannot be under such rigid supervision as is possible in a sanatorium. This, it seems to me, is one of the very wholesome elements of this form of treatment. For the sanatorium life is largely abnormal, and there is little wonder that patients frequently lose their "moral backbone" after sitting in steamer chairs for eight months, with no responsibility and in an atmosphere of idleness.

The whole social side of this tuberculosis question is one for very serious consideration.

For nurses the tuberculosis class offers a big opportunity for educational work, not only with the patient, but with the family and with the community to which he belongs. If the nurse is conversant with the health regulations, tenement laws, and licensing of home industries, factory regulations, and if she is always on the look-out for an opportunity to see causes as well as means of cure, she can be the true health missionary that Florence Nightingale wishes her to be.

Poor Law Infirmary Matrons' Association.

The Quarterly Meeting of the Poor Law Infirmary Matrons' Association was held by the kind permission of the Wandsworth Board of Guardians in the Committee Room at the Wandsworth Infirmary on Saturday, January 30th. Miss Todd was in the chair, and there was a large attendance of members to hear Miss Barton (Chelsea) read a paper explaining the scheme for Nursing the Territorial Army.

A very animated discussion followed the paper, which was listened to with great attention, some of the ladies present, who are on Territorial Committees in different parts of the country giving interesting information, taking a lively part in the proceedings, and generally comparing notes.

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