

the results of the treatment be secured, and the State guarded from a misapplication of its funds.

It will thus be seen that the requisites for a tuberculosis dispensary nurse are of a somewhat more exacting character than those of an ordinary nurse; that the position demands, over and above the usual qualifications, first of all tact, in order that she may be able to overcome the natural repugnance, especially marked in persons of moderate circumstances, to what they may consider an intrusion into their family circle. She must be good tempered, and not ready to take offence or resent insult. In short she must be as "wise as a serpent and harmless as a dove."

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Gladys Tatham (A. R. San. Inst.), at St. Elmo, Salcombe, S. Devon, for her article printed below on

WHAT ARE THE CHIEF POINTS WHICH SHOULD BE EMPHASISED WHEN VISITING THE HOMES OF THE POOR BY A NURSE WHO IS ENGAGED IN COMBATTING TUBERCULOSIS?

Since the discovery by Koch of the tubercle bacillus in 1882, tuberculosis has rightly been looked upon as an infectious disease, and it is the primary duty of a district nurse to impress the fact of its infectivity, and what that implies, upon the patients she visits. Only so will they be brought to understand the necessity of obeying the directions she gives.

There are certain definite factors to be taken into account when dealing with tuberculosis, its prevalence in damp houses or districts, its persistence through several generations, and its preventability. If a nurse has a case of tuberculosis in a damp house, she must do all in her power to get it rendered watertight and sanitary, for the greatest skill and zeal will be futile if conditions so favourable to the disease are allowed to continue. She ought also to try to secure a separate sleeping apartment for the patient, it matters not how small as long as there is a window capable of being widely opened day and night. Among the poor there seems a greater fear of fresh night air than in the so-called "upper" classes, but the district nurse should explain that the air at night is purer than day air, and absolutely necessary to the sufferer from tuberculosis. She can ensure warmth to the patient by filling ordinary ginger-beer bottles with hot water, or by heating a flat iron, or an oven shelf, suit-

ably wrapped up, to take the place of a foot-warmer.

The part played by heredity in the spread of tuberculosis is undoubtedly great, and the nurse should never miss an opportunity of pointing out, as tactfully as she can, the undesirability of consumptive families marrying.

That tuberculosis is preventable no one seems to doubt, and yet year after year it triumphantly carries off thousands of victims! To prevent it in the first place damp, insanitary dwellings on heavy impervious soils should be avoided; dwellings, factories, and workplaces should be freely ventilated, and not overcrowded. Expectoration in public places should be made a punishable offence, for the sputum dries, and the dust it forms is often carried for miles, teeming with the tubercle bacillus.

The tuberculous patient should be instructed how to disinfect all his excreta, his utensils, and living rooms. A simple method with poor patients is to provide them with two fireclay spitting cups to use alternately, one can be in use while the other is in the fire burning its contents, and sterilising itself. A bottle of Izal disinfectant should be obtained, and the room, clothes, and utensils frequently sprayed and washed with it.

The nurse should impress on the patients the facts that all the discharges from the body, whether the sputum in phthisis or the pus from a tubercular abscess, are equally infectious unless rigidly disinfected; that fresh air, a dry house, warmth, and sufficient food are all necessary in the fight against this awful disease, and that overcrowding and intemperance are particularly favourable to the spread of it.

We highly commend the papers by Miss M. Punchard, Mrs. Edwards, Miss F. Sheppard, Miss M. Atkinson, Miss J. Skinner, Miss A. J. Wachter, Miss B. Mason, Miss N. James, Miss J. van Schermbeck, and Miss H. M. Harper.

Miss J. van Schermbeck writes "the home conditions form one of the first points nurses should consider, when entering the homes of the poor with the intention of combatting tuberculosis. If possible, the houses should be open to sunlight on every side, but mainly on the side where the windows are. The houses should not stand too close to one another, so that the shadow from one prevents another from receiving any but subdued light. . . . I should advise the use of a light tick of butter muslin over the blankets on which handkerchiefs are often deposited."

Miss Helen M. Harper points out that "the

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