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EDITORIAL.

THE COMPULSORY NOTIFICATION OF PHTHISIS.

We briefly alluded in our last issue to the beneficial results likely to ensue from the compulsory notification of pulmonary tuberculosis, concerning which the Local Government Board has issued an Order and Circular to County Councils, Town and Metropolitan Borough Councils, and Urban and Rural District Councils in England and Wales. The Order will come into operation on January 1st, 1912, after which it will be the duty of every medical practitioner, with certain specified exceptions, to notify every case of pulmonary tuberculosis occurring in his public or his private practice.

The Circular states that the primary object in requiring notification is to enable the local authority to assist in the eradication of the disease, and the Board offers certain observations as to the ways in which local authorities can render such assistance. It notes that though the death rate from pulmonary tuberculosis is still far higher than from any other disease to which notification is applied, yet there has been a marked decline in the last 30 years. Thus, while in 1881 the death rate from this cause was 18.25 per ten thousand of the population, in 1909 it was 10.93. This decrease has coincided with a marked increase in the activities of local authorities, including greatly improved sanitary administration and the treatment of the sick under more satisfactory conditions.

The Order proceeds to show that in a disease such as tuberculosis the prevention of infection and the treatment of the patient frequently cannot be separated; that in certain cases it is desirable that the local authorities should be able to offer sanatorium

treatment, and that the powers they possess under the Public Health Acts are available for this purpose, allowing them either to provide sanatoria or to contract for the use of such institutions. The Local Government Board has been advised that these powers also enable a local authority to provide or contract for the use of dispensaries or out-patient hospitals. It is shown, however, that treatment in an institution is not always necessary or desirable, and that there are many cases which, under suitable instruction and supervision, may properly be treated in their own homes; and in this connection there can be no doubt that the work of nurses will be extremely valuable. They can both direct the attention of the proper authorities to incipient and suspected cases of phthisis, which they may meet with while in attendance on other cases, and also they can give the suitable instruction and supervision necessary to those cases in which pulmonary tuberculosis has been diagnosed. They can advise the wife or mother how best to arrange the sleeping accommodation so that the patient shall have the maximum of fresh air, how to protect the family from infection, how to dispose of infectious sputum, how to deal with infected linen, and how to keep separate crockery for the use of the patient. No Medical Officers of Health or general practitioners can give the individual attention necessary for the inculcation and supervision of these details. They must turn for assistance to the nursing profession, to whose honour be it said it is always ready, nay more, it is eager and keen to aid in the prevention and cure of disease.

The Local Government Board rightly insists that notification should not involve publicity, and that any records kept by a Medical Officer of Health should be regarded as strictly confidential documents.

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