

"terror" of the house-man and casualty sister no longer exists—namely, needle in hand or foot. Its position is found at once, and frequently the radiographer will fix it by putting a pair of pressure-forceps into the wound, and, looking at the screen, grasp the offending needle in the tips of the instrument; he then sends the case back for the end to be carefully dissected out in a good light.

Fractures can be much more successfully "set" now, for the splints are frequently put on under the screen, so that the final adjustment shall be as perfect as possible.

(To be concluded.)

### OUR PRIZE COMPETITION.

WHAT SPECIAL POINTS WOULD YOU OBSERVE IN NURSING A CASE OF TUBERCULOSIS IN A POOR HOME?

We have pleasure in awarding the prize this week to Miss Margaret Bamford, 80, Nichols Square, Shoreditch, N.E., for her paper on the above question.

#### PRIZE PAPER.

The two forms of tuberculosis most commonly met with in nursing among the poor are phthisis in its later stages, and tubercular disease of bone, with suppuration.

The objects to be attained are the maximum of comfort for the patient and the minimum of danger for others, the special points for insuring these being: (1) Fresh air; (2) isolation of the patient; (3) cleanliness of his person and surroundings (including wounds); (4) observation of the other members of the family, especially the younger ones.

Popular opinion, at least in London, is becoming noticeably more educated on the first two points, and it is comparatively easy to secure widely opened windows and unstopped chimneys.

Isolation is rather more difficult, but a separate bed must be insisted on, even if a separate room is out of the question. Failing this the patient must be urged to go to the infirmary. Unfortunately, sanatorium treatment at any stage of the disease is almost an impossibility for the majority of poor, though the Charity Organisation Society does much good work in some cases.

The dieting of the patient has to be regulated chiefly by his circumstances, but he should be told to take as much as possible digestible and fat-forming foods, and cod-liver oil is probably prescribed. In cases of extreme poverty there is usually some charitable or parochial agency, which will supply him with milk and eggs. In phthisis the danger of the

dry sputum must be explained to the friends. The patient's room is cleared of all superfluous articles, the floor left bare and washed frequently, and a damp cloth used for dusting. He is provided with a spittoon, lined with paper; the contents are burnt in the kitchen fire sufficiently often not to become dry, the spittoon being scalded twice daily, and he is also provided with pieces of rag or soft paper for handkerchiefs, into which he is taught always to cough, and which are also burnt. His feeding utensils are kept separately, and are scalded after use. In notified cases, disinfectants are supplied free by the Sanitary Authority.

In acute cases the patient has a daily or twice daily visit, with the usual nursing routine of tepid sponging, cleansing the mouth, and the prevention of bed-sores, the latter point needing special care in district nursing, where flock beds are more common than air-pillows.

Tubercular abscesses are dressed daily. The dressings are cut up on a clean towel and kept in a tin box, and instruments, tubes, or plugging are boiled in a small portable steriliser.

It is an important duty of the nurse to watch for any symptoms of tuberculosis among the other members of the family, and to see that medical advice is immediately sought should such symptoms appear.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. M. Rogers (Hamp-ton), Miss A. Phipps (London), Miss G. Tatham (Roehampton Vale), Miss A. M. Cameron (Torquay), Miss J. M. Stevens (Bristol), Miss Elizabeth Martin (Halifax), Miss O'Brien (Cork).

Miss Rogers writes that she would "attend to the patient's bodily comfort. If there has been hæmoptysis take great care not to move the patient more than absolutely necessary, and give only cold milk diet, and, if obtainable, ice to suck. The patient should be placed in a half-sitting position while hæmoptysis is present, and should be turned on the side of the affected lung (if only one is affected), with the soundest lung uppermost. Nitrate of amyl inhalation (if ordered) often gives relief, and helps to stimulate the heart after hæmoptysis."

Miss Martin points out that "in pulmonary tuberculosis the tubercle bacillus enters the system by the respiratory tract, the infection derived from tuberculous sputum being carried by the air. Therefore, when nursing a case, all sputum must be mixed with 1 in 20 carbolic solution and allowed to stand for an hour before being emptied." She adds further that

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