

THURSDAY, APRIL 30TH.

AFTERNOON SESSION.

TUBERCULOSIS.

On April 30th the chair at the first session was taken by Dr. T. N. Kelynack, Hon. Physician to Mount Vernon Hospital for Consumption and Editor of *The British Journal of Tuberculosis* who in opening the meeting, said that they were gathered to discuss one of the great anti-social influences against individual health and happiness, which were making the welfare of the community difficult. As they all knew, during the last few years there had been a great development in regard to tuberculosis work in all parts of the land. It was being co-ordinated, and workers in all ranks were seeking new ways and means in which state activities, and voluntary efforts, might be united.

PREVENTION AND MANAGEMENT OF TUBERCULOSIS IN EARLY LIFE.

Dr. Esther Carling, Medical Superintendent of Maitland Sanatorium, Peppard Common, presented the first paper which was on the above subject. She spoke of the different views as to what constitutes tuberculosis and gave an amusing instance occurring in a school where, on the initiative of the Squire the tuberculosis officer examined the children. He leaned to the German view that chest abnormalities were of tubercular origin and out of 120 diagnosed 67 as affected. The village took alarm, and meetings were held to discuss what should be done, meanwhile a neighbouring tuberculosis officer was called in. He belonged to the other school and found three tuberculous children among the 120, which rather gave occasion to scoffers. But the difference was not so great as it appeared as probably every one would agree that the 67 were suspect, and were the material from which later the ranks of the tuberculous would be recruited. The problem was how to deal with the mass of material which might become tuberculous. Two things were possible, (1) segregation and (2) dealing with the children. The centre point of attack was the Home, and it was in this work that the tuberculosis nurse was of great value. The dispensary scheme co-ordinated the work of doctor and nurse, and the nurses' work was so useful because while talk was going on outside, the nurse was in the home doing things, waging war on the baby's comforter and getting to grips with the disposal of sputum. If a nurse were in earnest—and she always was—she could explain the necessity for the destruction of sputum, for boiling sputum flasks, and make the people understand what was behind this. Such instruction by word of mouth was far more efficacious than any leaflets. She could support the advice given to patients to go into sanatoria; there was going to be more prejudice against this in the future than in the past, and the work of the nurse came in here tremendously. At present there was not much provision for children, but the next five years would

see scores of sanatorium schools opened throughout the land.

Dr. Carling then described the life in open air schools and its beneficial features, the circumstances under which tuberculin was used, the hopeful aspect of conservation in surgical tuberculosis, aspiration often taking the place of excision. We were, concluded the speaker, at the beginning of the campaign, and it behoved all to work together.

Dr. Kelynack expressed the thanks of the meeting to Dr. Carling for her paper and said that the development of the campaign against tuberculosis meant that many more nurses would be required both for preventive work and in nursing the sick. They should lose no time in acquainting themselves with the problems of child life.

The Chairman then introduced Miss Rundle, Matron of the Royal Hospital for Diseases of the Chest, saying that she had studied both here and on the other side of the Atlantic.

THE RÔLE OF THE NURSE IN THE TUBERCULOSIS CAMPAIGN.

Miss Rundle, whose paper we hope to publish later, and therefore only refer to briefly here, said that the openings for nurses with special training in tuberculosis are increasing to such an extent that the demand already exceeds the supply. The public attention given to the disease of late years, followed by the operation of the National Insurance Act, were principal factors in this new demand.

To what degree the nursing profession was alive to these new opportunities was questionable, and if it did not realize the necessity for special training in this branch of work the inevitable result would be an inefficient material for carrying on the campaign with success.

Concerning the question of the nurse's training for tuberculosis work Miss Rundle advocated an "amalgamation" scheme whereby a nurse after spending a given time in a general hospital could specialize in any other, her certificate covering the whole period, but said that to make this practicable we must have a uniform recognised standard for all training schools under the control of a legalised governing body.

The Chairman, after saying that Miss Rundle's paper was a contribution to a constructive policy in regard to the subject which no one could afford to neglect, called upon Dr. H. Hyslop Thomson D.P.H., County Tuberculosis Officer, Hertford, to present his paper.

THE CARE AND CONTROL OF THE TUBERCULOSIS PATIENT.

Dr. Hyslop Thomson claimed that the eradication of tuberculosis would prove a great national asset. The trend of modern civilisation in this country was towards a steadily decreasing birth-rate, and ever-increasing tides of emigration. It therefore became a point of national and economic importance that no effort should be spared to

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