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EDITORIAL.

**THE TREATMENT OF TUBERCULOSIS—
SUGGESTED VILLAGE SETTLEMENTS.**

The problem of the care of tuberculous patients after they have undergone sanatorium treatment is always a difficult one, if the improvement gained is to be permanent.

Recently a deputation waited on the Minister of Health to urge the establishment of village settlements in connection with the treatment of tuberculous ex-soldiers, the establishment of such settlements having been recommended in the recent report of the Inter-Departmental Committee on Tuberculosis. The deputation included Sir C. A. Montague Barlow, M.P. (Deputy-Chairman of the Inter-Departmental Committee), Lieut.-Col. Nathan Raw, M.D., M.P., and others.

The case for the establishment of village settlements put before the Minister was, broadly, that sanatorium treatment for tuberculosis, even where accompanied by training in a suitable occupation, had been found inadequate as a means of combating the disease. Further, that the interest both of the patients and of the community required that patients should pass through a threefold course, first of sanatorium treatment; secondly, of training; and, thirdly, of permanent settlement in suitable surroundings. The village settlement should be a natural development of the sanatorium and training colony, and the patient should be in a position to look forward to being able, on completion of his course of treatment and training to take up his permanent residence in a settlement where, still in close touch with the sanatorium, he could work under conditions which would enable him to maintain his health, and have his family or dependants with him, and where the necessary workshops and other buildings would be provided. In the case of the civilian the patient's earnings would have to

be supplemented; but the community would gain in the result by the prevention of the spread of infection, and the fact that the tuberculous patient would be a productive worker.

In a sympathetic reply Dr. Addison referred to the four main provisions in the report of the Inter-Departmental Committee: (1) That an increased capital grant should be given for the provision of sanatoria; (2) That additional sanatorium accommodation for ex-soldiers should be provided; (3) That increased provision should be made for training; and (4) That village settlements should be established. The Minister of Health stated that the capital grant had now been increased from £90 to £180 per bed; 7,000 additional beds had been provided, or were now in course of being provided, largely as a result of the increased capital grant, and negotiations were proceeding with the authorities of suitable sanatoria for the rapid provision of training sanatoria for 1,000 tuberculous ex-servicemen.

In regard to village settlements, Dr. Addison assured the deputation of his goodwill, but said there were various difficulties to be overcome. Also as Minister of Health, he had to consider not only the case of the ex-soldier, but also that of the civilian population who had no pensions to supplement their earnings. The problem, therefore, was one of much complexity, but a comprehensive scheme was under discussion with the Treasury. In addition, there was the important question of the situation of the projected settlements, and Dr. Nathan Raw and Dr. Varrier Jones had kindly consented to undertake, in conjunction with a medical officer of the Ministry, a series of local investigations, so as to advise him on this matter.

It seems probable, therefore, that eventually tuberculous persons may be cared for on the lines indicated by the Committee.

[previous page](#)

[next page](#)