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EDITORIAL.

THE PREVENTION AND TREATMENT OF TUBERCULOSIS.

Many important questions were discussed at the eighth Annual Conference of the National Association for the Prevention of Tuberculosis, which took place in St. George's Hall, Liverpool, on Thursday, Friday, and Saturday of last week, including a review of the methods of prevention and treatment, the practical difficulties in carrying out tuberculosis schemes, and the best measures to overcome them, the question of milk as a source of infection, and the preventive measures desirable. The Conference was attended by about a thousand delegates.

DIFFICULT, PERPLEXING, AND UNSATISFACTORY.

Lieut.-Colonel Nathan Raw, M.P., said that of all the diseases with which health authorities had to deal, none was more difficult, more perplexing, and more unsatisfactory than tuberculosis. It differed from other diseases in being part and parcel of the social problem of the country. It thrived, and was spread, in insanitary conditions and bad houses, and it caused poverty and distress, unemployment, and destitution.

Tuberculosis was never hereditary, and therefore was preventable. Also with adequate measures of treatment it was curable. The reason why results were at present unsatisfactory was that sufficient time could not be devoted by the patient to his cure. The provision of village settlements in which suitable men could permanently reside, earn their own living, and have their relations to live near them, was the most satisfactory, but also the most costly, method.

The need of early treatment was emphasised by Dr. Halliday Sutherland. A reason why results were bad was that patients arrived at sanatoria in far too advanced a stage of the disease. They could not expect a miracle in anything subject to natural forces. The problem would be solved in a generation if the machinery now available was properly used.

THE ECONOMIC PROBLEM.

Professor Adami, Vice-Chancellor of Liverpool University, on the second day of the Conference, laid down that the crucial problem was not medical, but economic. If all cases of tuberculosis could be isolated until the disease was arrested, in ten years tuberculosis would be as rare in Great Britain as leprosy. But no Chancellor of the Exchequer would provide the necessary funds, nor, unless a periodical physical examination of all the people were inaugurated could a considerable proportion of the cases be detected. The four essentials were recognition, notification, isolation, and treatment. Both voluntary and official support were essential.

Sir Henry Gauvain, Medical Superintendent of Lord Mayor Treloar's Home at Alton, declared that the army fighting tuberculosis lacks a defined policy and is ill-trained, ill-equipped, lacking in co-operation, has no staff officers, and no authoritative leaders with full powers to act. The teaching also was defective. He spent more time as a student learning the anatomy of a frog than learning the nature of tuberculosis. Much more time should be devoted in medical schools to really intelligent instruction in tuberculous disease, and the tuberculosis service must be an attractive service offering scope and substantial reward to those entering it, and also facilities for research and progress.

CLEAN MILK.

On the third day Sir Robert Philip said that the prevailing sense was coming to be that in milk they had a most important means of introducing tuberculosis into the system.

Dr. Macfadden, of the Ministry of Health, said the question was most important, but the lack of, or shortage of, milk might be even more dangerous by causing lowered resistance to tuberculous infections from other sources.

The Conference urged the Government to consider the immediate institution of a more definite system of medical inspection in the case of industries where tuberculosis is specially rife.

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