

Royal British Nurses' Association.

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THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

CHRISTMAS GREETINGS FROM HER ROYAL HIGHNESS THE PRESIDENT.

DEAR MISS MACDONALD,—Please convey, through the official organ of the Association, my best wishes to all our Members that they may have a merry Christmas and much happiness in the coming year.

I am,
Yours sincerely,
ALEXANDRA,
President.

HOW NURSES CAN HELP IN THE PREVENTION OF TUBERCULOSIS.*

In introducing Dr. Annie McCall on November 3rd, to the audience of nurses at 194, Queen's Gate, S.W., Miss Carson Rae who occupied the chair, referred to Dr. McCall's great efforts to promote progress in the Mission Field, to her achievements in the development of midwifery both as an examiner and lecturer and to her work in combating tuberculosis in many directions. Her social work among the unmarried mothers had been splendid, and those present felt most grateful to her for sparing, to the Royal British Nurses' Association, an afternoon from her already well-filled week.

Dr. McCall explained the facts which had first led her to take an interest in tuberculosis and told how her experience in her forty-one years of work in South London had stimulated her desire to do something to combat a disease so very difficult to deal with. It was only necessary to remember that some 50,000 people died in Great Britain annually from tuberculosis—nearly a thousand per week—in order to realise that there was a great call to give some consideration to the question of its abatement. King Edward VII had once said: "If an evil is preventable why not prevent it?" and the prevention of such an evil as tuberculosis ought to be easier now than formerly because we were on the verge of a new era—an age of more scientific investigation. Dr. McCall, however, said that she wished, that afternoon, to keep to the practical side of her subject, and that practical hints were not uncalled for, was shown by the fact that if, for instance, you asked a person what she did with the sputum of a tuberculous patient the answer very frequently was: "I poured it down the drain." Children possessed the greatest immunity between the ages of five and fifteen; after the age of fifteen the person was at the danger time. If he chanced to be "below par," in bad surroundings, worried or was working under unfavourable conditions the disease might develop very quickly. In ninety

per cent. of the cases of tuberculosis the lungs were the organs attacked; in some cases we came upon cases of galloping consumption, but these were really rare, and were generally found in people whose family history showed no record of tuberculosis.

Dr. McCall spoke very strongly of the after effects of influenza in producing tuberculosis, remarking that it was a pity that doctors could not learn to look upon this disease as quite as serious in its results as was scarlet fever. Dr. McCall said that anyone knew that, when tubercle bacilli attacked the cells of the body, a desperate fight began and, if the person's health was not good, then the bacilli were apt to win; in good health people could defy the dangers of the bacilli. It had been pointed out some years ago, through the agency of post-mortem examinations, that many more people suffered, at one time or another of their lives, from tuberculosis than was commonly realised. This went to show that a healthy life, supported by the observance of the ordinary laws of hygiene, went far in overcoming the ravages of tuberculosis.

Dr. McCall opened in 1910 a Sanatorium in Surrey, and while she was running this, chanced to come across Dr. Camac Wilkinson's book on tuberculosis. She studied this for twenty-four hours and came to the conclusion that if there was anything in its teaching, this ought to be given a trial. She closed her Sanatorium for a few months and went to work in Dr. Wilkinson's Tuberculin Dispensary with the result that she became completely converted to the system of the treatment of tuberculosis by tuberculin. Tuberculin was the product of the tubercle bacilli and, by gradually increasing doses, it was used to combat the inroads of the disease in the patient's body. It was active as an immunising agent, and also it was valuable in showing, by its re-action, when the patient was actually tuberculous. In every case, where there was any suspicion that a child had tuberculosis or a tendency to it, he should have a test dose—this was a perfectly safe procedure in good hands. Nurses could do much, in this respect, in catching cases early, and the lecturer gave one instance of where a nurse had sent a number of cases to be treated at the Battersea Dispensary and, in nearly every case, it had been proved that her suspicions, as regards the existence of the disease, were justified. She had caught many early cases and thus saved many lives.

One advantage, said the speaker, of the treatment of tuberculosis by tuberculin, was that the patient could go on with his daily work. Dr. McCall referred to the symptoms that would lead a nurse to suspect the existence of tuberculosis in one of her patients, such as indigestion without apparent cause, a temperature rising in the afternoon, a quickened pulse and other symptoms with which nurses are familiar. When tuberculosis gave rise to fever there was nearly always a condition of mixed infection, in such late cases tuberculin was less effective, but nevertheless it did do good, for it diminished the sputum and so was

* A lecture given by Dr. Annie McCall at the Royal British Nurses' Association Club on November 3rd.

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