

tions of the Sanatorium. These appeared to be much on the same lines as our own.

One point attracted our notice. In the bedrooms and small wards each patient had an attached basin with cold water laid on and a glass shelf, with a bottle and glass for his own use, this seemed a very practical arrangement.

The dormitories opened off long corridors with windows covered with gauze, as protection against mosquitoes, looking on to a square courtyard.

The Dining Room is large and airy with French windows opening on to the garden. The doctors, nurses and patients all dine there. The diet consists of good nourishing food. Milk, cream and butter are given in much less quantity than in England. The patients are never forced with food, but take all they can at the four daily meals, which are one extra to those usually served in Italy.

In the Sterilization Department at the far end of the grounds everything was up-to-date. The little sputum cups in nickel were very neat, they are sterilized daily, the sputum being burnt. At night covered carton cups are used, and all burnt every morning.

With the usual hospitality shown to us by the Italian Red Cross we were given light refreshment in the grounds of the Sanatorium before leaving, and were then driven back to the Exhibition and Conference Hall.

THE CONJOINT MEETING.

On Thursday, September 27th the General Congress and the Nurses' Reunion held a Conjoint Meeting, in the Collegio Romano, on the Piazza Romano, the Marchesa di Targiani Giunti and Mlle. Chaptal, President of the National Association of Trained Nurses of France, who is an accomplished linguist and was able to interpret the papers presented, were on the platform.

The principal paper was that by Dr. William Brand, Medical Commissioner to the National British Association for the Prevention of Tuberculosis, London, on the Organisation of Anti-Tuberculosis in Rural Districts.

ORGANISATION OF ANTI-TUBERCULOSIS IN RURAL DISTRICTS.

In the course of an exhaustive paper, Dr. Brand spoke as follows concerning the part played by nurses in the anti-tuberculosis campaign:—

HOME VISITING BY THE TUBERCULOSIS NURSE.

In Great Britain Tuberculosis Nurses (Tuberculosis Health Visitors) are attached to the staff of the Tuberculosis Dispensary with the status of Officers of the Local Sanitary Authority. They are under the supervision of the Tuberculosis Officer. They have highly important functions to carry out.

They visit the homes of patients after notification. The objects of the visits are:

1. To ascertain whether the environmental and economic conditions of the patient and his family are satisfactory; otherwise tuberculosis cannot be fought successfully in the home.
2. To give the patient written and verbal instructions in preventive measures, *e.g.*, the control of spray infection and the proper method of collecting and destroying the sputum is demonstrated; sputum flasks or other collectors, paper handkerchiefs, etc., are distributed.
3. To instruct the family in preventive measures, *e.g.* fresh air and suitable food.
4. To advise the patient and his family as to the best way to carry out the doctor's treatment.
5. To arrange for the examination of the contacts.

After the visit the Tuberculosis Nurse draws up a report and presents it to the Tuberculosis Officer who may discuss it with her. Any sanitary defect, or defects are reported

to the Medical Officer of Health. Economic conditions are carefully noted and an excerpt filed in the records of the care work organisation of the Dispensary. Action to relieve economic conditions may, or may not be required.

The Tuberculosis Nurses revisit the homes of notified cases systematically. Some homes may only require visits at widely spaced periods; others may require very frequent supervision.

The Tuberculosis Nurses do no actual nursing, but nurses may be engaged under a scheme approved by the Ministry (England) or by the Board of Health (Scotland) in nursing patients in their homes.

Tuberculosis Nurses may hold full time or part time appointments. Full time appointments are more satisfactory.

In many rural areas the practice is to make use of District Nurses in visiting tuberculosis patients. The District Nursing Associations receive grants from the Local Authority in return for the services of their Nurses.

In his Annual Report for 1926 the Medical Officer of Health of an English county, in which over two-thirds of the population live in rural districts, states:—

"In this county the policy is to utilise the services of District Nurses for this (referring to Tuberculosis) and other purposes to the fullest extent, supplementing them by seven County Health Superintendents who are responsible for their respective districts."

Further on he adds:—

"The use of the District Nurses for these public services has the additional advantages of enabling District Nurses to be maintained in parts where, otherwise, it would be impracticable and of giving the Local Authority greater opportunity of raising the standard of district nursing services generally."

In other areas whole time nurses are employed, *e.g.*, one county has thirty Tuberculosis Health Visitors. The estimated mid-year civilian population of this county in 1926 was 1,788,500.

In rural areas (this also applies to urban areas) mobility is a powerful asset to the Visiting Nurse. She should not exhaust her physical strength in the effort. An exhausted nurse cannot give her best. The nurse on the old form of bicycle is still too often to be seen on the country roads. The motor bicycle is an improvement, but every country nurse should have a small light motor car in which she can get about quickly and in comfort.

The potentiality of the well trained, tactful, friendly and sympathetic nurse in the anti-tuberculosis scheme, is enormous. It should be visualised in framing the scheme and should be fostered in all reasonable ways.

A SOUND BASIS OF TRAINING.

The Resolution which Miss Reimann desired to present to the Reunion, or General Congress, was as follows:—

This Reunion of Nurses from Italy, France, Great Britain, Luxembourg, Poland and the United States of America, held in Rome in connection with the VI Conference of the International Union against Tuberculosis, is of opinion:

- (1). That nurses engaged in tuberculosis work both preventive and curative should have a full basic training in general nursing, and in addition special training in tuberculosis nursing, in order that they may be best qualified for their important duties;
- (2). That a generalised service in public health nursing—including tuberculosis nursing—is desirable, as it ensures a closer connection with the individual family, avoids stamping the patient as suffering from tuberculosis, and by preventing overlapping is more economical.

We believe she considered the expression of opinion embodied would be useful to the Public Health Nurses in France, who do not as a rule have general training.

[previous page](#)

[next page](#)