

Supervision is confided to Superintending Sisters and a staff of helpers who receive a course of instructions from the Medical Officers. This economy and limitation of the personnel of service and administration brings the cost of treatment per patient down to 24 lira per day (about 5s. in English money). The ratio of staff (including medical, nursing and domestic) to patients is 1 to 4.

During the first three years the Sanatorium was opened 951 patients were treated, 509 men and 442 women, the majority were from the cotton factories. The average length of residence was five months. It is hoped that with all the publicity given and all the precautions taken Tuberculosis will eventually become a disease unknown among the inhabitants of Legnano.

The treatment is on hygienic and dietetic lines, enforced by rigid discipline and aided by the most modern discoveries in pharmacology and physical therapy. There are radiological and diathermic centres, ultra violet rays, solaria, electric baths and surgical departments. Food is of the finest quality, and four meals a day are provided. It is fortunate that large quantities of milk are not included in the diet, otherwise the cost of treatment would be considerably increased, milk in Italy being expensive and poor in quality.

In the summer the patients must spend eight hours in the open air, and in the winter six hours. Rest is prescribed and rigidly enforced, the patients reclining on couches on the verandah for a period of two hours at a time, the temperature being taken at the beginning and at the end of the rest. Exercise does not appear to be controlled, neither does occupational therapy play any part in the treatment.

In addition to the ordinary medical treatment, a great deal of surgical treatment for Pulmonary Tuberculosis is carried out. From 1924-1927, 141 cases were treated with artificial pneumothorax, 44 with phrenicotomy, 10 with total thoracoplasty, 8 with partial thoracoplasty and 14 with the operation of Jacobaeus. A most striking film was shown depicting the operation in progress. It was interesting to listen to the discussion of the medical men, some being most optimistic about the results of surgical treatment, some on the other hand being most pessimistic.

A most interesting and instructive day was then brought to a close by a delightful tea, served in the hall of the sanatorium. The journey back to Milan, was pleasant but uneventful, and our arrival meant also saying good-bye to our fellow Congressists which we did with feelings of regret tempered by the assurance that for some time to come we should have mutual recollections of a very pleasant sojourn—both from the educational and the social point of view.

The value of the Congress can really be accurately gauged only by those who had the opportunity to attend; not only did one see the strides that have already been made in this particular branch of medical science, but one was able to visualise the wonderful possibilities held by the future.

Clearly and definitely was it borne in upon us, that this great work is not reserved for the few, but for the many; that the theories which form the foundation of Sanatorium Treatment must be carried farther afield, and utilised to form a basis for the routine of the tuberculous patient in the home; that the whole campaign against Tuberculosis is based upon the two great principles of Education and Co-operation. Medical men being at the present time so largely concerned with their own particular researches will, therefore, depend to a great extent on the Nursing Profession to enter whole-heartedly into the work of inculcating these two principles, and so to play an important part in furthering a science which has not only to contend with the actual treatment of a disease, but also with its prevention. We can see, therefore, from our point of view

as trained nurses, how we can render invaluable service to our suffering fellow beings. We have the opportunity of imbuing our patients with a desire to co-operate in their treatment. We have the means of enlisting the help and sympathy of their relatives, so that the tuberculous subject may be enabled to live in his own home and carry out his routine of life with the approval and aid of those around him, instead of, as formerly, leading a lonely and isolated life often deprived of the society of his fellow men. It is in this wide outlook of the work of the Anti-Tuberculosis Campaign, that we can see wonderful possibilities for every branch of our profession—the hospital and sanatorium nurses, health visitors, school nurses, midwives all enter into the scheme, in fact every nurse will realise that she can find some means of adding her quota to a work, whose object makes it of universal appeal.

It was most inspiring to listen to the representatives of the various countries, and note in what particulars their advance had manifested itself. One point most evident was the assurance that almost all over the civilised world to-day there are numbers devoting their lives to this most praiseworthy work, and it seems to be of mutual benefit that some of these workers should meet to compare notes, so that the findings of each different branch should be for the ultimate good of the whole community.

Italy, although a comparatively recent entrant into the lists, has made some wonderful strides in the treatment and prevention of Tuberculosis, and showed many ingenious methods which could with advantage, be copied by other countries. Most noteworthy amongst these was the out-of-doors receptacle for expectoration, which by virtue of having a lid controlled by a foot lever, enabled the patient to expectorate without the slightest digression from the work upon which he may at that moment be engaged.

The Italian nurses, apart from those whom we saw in Rome, appeared to play a much smaller part in the actual work of the Sanatorium, than we, as British nurses, would have expected. There they seemed to remain almost always in the background, entirely in the capacity of helpers, rather than as skilled assistants, and although seemingly happy and contented in their work, did not appear to have nearly the same amount of responsibility as the average nurse of this country. This condition may, of course, change in time when the value of the nurse becomes more apparent, which no doubt it will do, as the campaign against Tuberculosis progresses. The importance of this campaign in Italy is surely obvious from the fact that the death-rate from Tuberculosis in Southern Italy alone reaches 50,000 per annum.

Altogether, we found our store of information greatly increased by the fact that we were enabled to take part in the Congress. The various Sanatoria visited, the films of treatment showing every detail, the inspection of works, and the general insight into the lives of the people, afforded us an excellent means of augmenting our own knowledge.

Lastly we were able to feel with satisfaction, and not a little pride, that in spite of the rapid advances made by other small countries in this great work for humanity, Great Britain still retains her accustomed place in the front rank of medical research and nursing progression.

I take this opportunity of thanking the President, Vice-Presidents and Councillors of the British College of Nurses for the confidence reposed in me in making me a delegate to the International Congress of Tuberculosis in Rome.

#### REPORT BY MISS MARY LAMONT RITCHIE THOMSON, R.R.C.

The following Report sent by Miss Mary Lamont Ritchie Thomson, Superintendent of Public Health Nurses in Glasgow, was read by the Secretary, Miss G. R. Hale.

The International Conference held in Rome from September 25th to 28th, which I had the privilege of

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