

where overcrowding exists; still her instruction must have some good results.

Great responsibility rests with the nurse as regards examination of contacts. This is an aspect of tuberculosis work which is often attended with great difficulty, and it is an undisputed fact that the number of contacts, examined annually in a district, rests almost entirely with the persuasive powers of its Tuberculosis Nurses, its Health Visitors and its School and District Nurses. The statistics of a Borough Tuberculosis Dispensary, in so far as they relate to the examination of contacts, speak volumes on the responsibilities of the Nurse in Tuberculosis work. Here her tact, her perseverance, her sense of responsibility, translate themselves into figures, and, as figures seldom lie, you can find in these statistics wonderful indications as to the extent to which a Nurse has grasped her opportunity and acted on her conception of the great responsibility, which her wonderful influence with the patients gives rise to; thereby she can persuade numbers of contacts to be examined by their own doctors or to attend at the nearest Tuberculosis Dispensary, and undergo a medical examination there. According to the extent to which a nurse realises her responsibility in this connection, cases of tuberculosis can be recognised and treated, in those stages of the disease when the prognosis is likely to be favourable and infection more readily be controlled.

But, at every corner, we meet with fresh responsibility. Take, for instance, that connected with the knowledge of the symptoms of Tuberculosis. A nurse may enter a home where some member of a family has suffered from the disease, and, with a quick sense of responsibility, may be the first to detect the signs of it in another and to bring about medical examination of a suspected case. Knowledge that such diseases as influenza in particular, as well as whooping cough, pneumonia, measles, are predisposing causes to tuberculous disease, will result in her being on the alert also when suspicious symptoms arise and in this respect our District Nurses and Health Visitors are sometimes carrying on, unostentatiously, a work of more value to the race than that of a whole battalion of soldiers.

From a psychological point of view the nurse has many a responsibility which her everyday knowledge and experience in tuberculosis work will quickly discover to her. For instance, she realises the tendency to mental depression which the tuberculous patient has to combat; with quick intuition, it is her responsibility to give his mind an impulse to function in some direction likely to counteract introspection and to find healthy activity for head and hand, consistent with his strength at the time.

Every detail of the ordinary laws of health assumes an added importance when considering Tuberculosis, and a nurse who had a sound knowledge of hygiene will see and report housing defects, will instruct parents and teachers, get the loan of shelters and beds from the authorities, and in a thousand ways help those afflicted with the disease, while another, possessed of but an incomplete knowledge of hygiene, will work in darkness. Take, for instance, the food question—one could write a long paper on the nurse's responsibilities in that connection. It does not end with procuring for the patient food that stands the test of analysis, which is proved to have a certain caloric standard or to have a high vitamin value. Many a good food may be rendered valueless to the patient by bad cooking. But, apart from this, it is the nurse's responsibility to see that the patient's food is temptingly served, that he does not know beforehand what he is to have for his next meal, that he is enjoined to eat slowly and to masticate his food well, that he is not permitted to eat between meals, that as much variety as is consistent with the treatment prescribed is provided for in his weekly dietary—in fact that all the so-called "ethics" of dietary are punctiliously observed with a view to encouraging a more or less feeble appetite;

these matters are not trivial but are regarded as of pre-eminent importance by all authorities on the treatment of Tuberculosis, and you will agree that they are very largely the responsibility of the nurse. Then, too, there is the responsibility of controlling infection by reserving for each patient his own spoons, forks, knives, etc., and I need hardly refer here to all that is to be said and written about flies as carriers of infection, and the responsibility of the nurse in warning mothers against this particular "plague." These are just a very few of the responsibilities which rest with the nurse owing to her possession of a knowledge of the why and the wherefore of a few of the ordinary rules of hygiene.

And in closing I would return to the note I struck in commencing these remarks, for the chief responsibility of the nurse, in relation to the subject which this Conference is considering, just as it is the chief responsibility of the medical man, the members of the public, and, above all, of the State, lies in the knowledge that Tuberculosis is *preventible* and that, therefore, it should be *prevented*.

## IMPORTANT NOTICE.

### MEETING OF THE INTERNATIONAL COUNCIL OF NURSES AT MONTREAL.

The National Council of Nurses of Great Britain has decided to advise those of its members who propose to attend the International Congress of Nurses in Montreal, in July, 1929, to travel by the ss. *Alaunia* (Cunard Line), which, by special arrangement, will leave Southampton and Cherbourg on June 28th, and is due to arrive at Montreal at 2 a.m. on Sunday, July 7th. This will enable the passengers to disembark as early on Sunday morning as they wish, and, incidentally, will save them one night's hotel expenses.

There are two classes on this boat:—

1. Cabin.
2. Tourist third.

The return fare will be:—

1. For cabin passengers, £60.
2. For Tourist third passengers, £38. This is a new class, which is well recommended by those who have had personal experience of the arrangements.

Members of the National Council of Nurses who travel to Montreal by this boat will be at liberty to make independent arrangements as to the return journey.

The arrangements for the voyage are in the hands of Mr. Harper, Ocean Travel Department, Thomas Cook & Son, Berkeley Street, Piccadilly, London, W., and it is desirable to get into touch with him as soon as possible, so as to have the best choice of berths.

The Cunard Company will arrange the Tourist third cabins in such a way that members of our National Council of Nurses' party will be together, and will not be overcrowded.

Do not procrastinate. Make your arrangements with Mr. Harper at once.

The International Officers and the four official Delegates of the National Council of Nurses will have to leave England a week earlier to be in time to attend the Business Meetings.

Those who desire to embark at Liverpool may find convenient the s.s. *Duchess of Richmond* (Canadian Pacific Line), leaving Liverpool, June 28th, Glasgow, June 29th, and due to arrive at Montreal on Saturday, July 6th.

For the information of those who desire to make inland trips after the Congress, we may state the Canadian Pacific Railway quotes the following railway fares:—

Montreal to Niagara Falls and return ..	£5	5	5
Montreal to Banff and return .. ..	25	7	1
Montreal to Lake Louise and return ..	25	13	4
Montreal to Victoria and return .. ..	29	13	7

Mr. Harper can arrange any of the above journeys.

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