

British College of Nurses, 39, Portland Place, W.1, as the number is limited.

Fellows and Members of the British College of Nurses resident in Scotland are reminded that Mrs. Rebecca Strong, F.B.C.N., 17, Woodburn Terrace, Morningside, Edinburgh, is the representative of the College, for those who wish to take the Obligation in Scotland.

Miss Alice Reeves, R.R.C., F.B.C.N., Dr. Steevens' Hospital, Dublin, has kindly consented to witness the Obligation of Fellows and Members resident in the Irish Free State.

Through the kindness of Miss E. M. Trenamen, M.B.C.N., we have received a beautiful photograph of Miss E. Harrald, whose recent retirement from the position of matron of the Adelaide Hospital, is a great loss to the nursing profession in Australia. Miss Harrald was recognised as a most able administrator during her ten years of office, and we believe retires at the age limit. We shall publish her picture in our next issue—as it arrived too late for insertion in March.

#### LECTURES.

Dr. Stanley Wyard, M.D. Lond., M.B., B.Sc., lectured to Members of the College on February 19th and 26th on "Recent Developments in the Treatment of Cancer." These lectures proved to be so instructive and intensely interesting that they will be published in the BRITISH JOURNAL OF NURSING for the benefit of its world-wide clientele who evidently study this Journal with such appreciative interest.

#### TUTORIAL GROUP.

An excellent paper was presented to the Tutorial Group at the British College of Nurses on Tuesday, February 24th, on "Healing and Treatment of Wounds," by Miss E. Divens, M.B.C.N., Sister Tutor at the Royal Infirmary, Dundee. We shall hope to find space for this paper at an early date. In the absence of Miss Divens, it was read by Miss D. K. Graham.

#### THE RECEPTION.

The College never looked more charming than on Friday, February 27th, at the Reception given by Miss K. M. Latham, R.R.C., and Miss A. M. Bright (Members of the Council), when some hundred guests responded to their invitation. Pink tulips and soft green ferns decorated the entrance hall, and the Club Room, for which the walls of egg shell blue formed an ideal background, daffodils and white narcissi were the flowers chosen for the tea room; crimson tulips made a feast of colour in the beautiful Council Chamber, where the hostesses received their guests.

The Members of the Council of a woman's College are critical of the tea served within its walls, and it is their pride that this should always be of a high standard. The present occasion well maintained the standard, and the cakes were voted delicious.

After tea the guests passed on to the Lecture Hall, where Mr. Alpe Barbour gave great amusement by his impersonation of Dickens' characters. We met them to the life, and this quick change artist did not hesitate to let us know how the results were achieved, for he sat serenely down in front of a looking glass, changed a wig and donned a different coat, and hey presto! Martin Chuzzlewit changed into Dombey and Dombey into Uriah Heep and Uriah Heep into Sam Weller.

So ended another of the happy and informal parties for which the British College of Nurses is now becoming famous.

## THE TREATMENT OF PULMONARY TUBERCULOSIS.

The four Lectures delivered by Dr. Frederick Heaf, B.A., M.D., Medical Superintendent of the Colindale Hospital, Hendon, at the British College of Nurses, terminated on February 12th, greatly to the regret of those privileged to attend them.

The President, who was in the chair, conveyed to Dr. Heaf the sincere thanks of the audience, and hoped that in the future he would give an extended course, as the subject had indeed proved a fascinating one.

Dr. Heaf, in reply, said he had greatly enjoyed his association with the College, and gave consent for reports of his Lectures to appear in THE BRITISH JOURNAL OF NURSING.

#### LECTURE I.

- (1) PECULIARITIES OF THE DISEASE.
  - (a) Dual nature of the infection.
  - (b) Its chronicity.
  - (c) Our inability to test for inactivity.
  - (d) Age incidence.
  - (e) Psychology of the patient.
- (2) HISTORICAL DETAILS.
- (3) MODERN TREATMENT.
  - Auto-Inoculation.
  - Collapse therapy.
  - Chemo therapy.
  - Tuberculin therapy.
- (4) AIMS OF TREATMENT.
- (5) CLASSIFICATION OF CASES FOR TREATMENT.

Firstly, I must thank you most sincerely for the honour you have given me in asking me to give these lectures. The subject is a fascinating one, and although much hard and valuable work has been done in the past, there still remains a wide field for research to enable us to give more satisfactory treatment and a surer hope to those unfortunate individuals who are suffering from active Tuberculosis.

It is my intention, with your permission, to devote the first of these lectures to an introduction to the subject and to acquaint you with some peculiarities of the disease which have a considerable influence on the methods we employ to treat Pulmonary Tuberculosis. We shall then look back into the past and briefly discuss the treatments used and received by our forefathers. We shall then be able to trace the development of, and summarise the forms of, modern treatment and maybe wander into the future and try to predict the direction in which our present work is leading us. The other three talks will describe in detail the modern treatment of Pulmonary Tuberculosis, and I shall appreciate it if anybody finds that she has difficulty in following me, or wishes that any particular detail should be explained more fully, she will please write to me at Colindale Hospital, or tell me at the end of the lecture, so that I can deal with the matter at the following session.

Now let us consider the nature of the disease we have to treat.

Pulmonary Tuberculosis is caused by the Tubercle Bacillus, and the disease presents a destructive lesion of the lung combined with, to a greater or less degree, a general toxæmia, arising from the lesion.

It is important that we realise this dual nature of the infection, the local lesion in the lung, and the general constitutional disturbance due to the poisoning of the system. You will see, later, how in sanatorium treatment an effort is made to combat these two factors.

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