

a giant cell appears at the site. A number of these giant cells grouped together have the appearance of a small white mass about the size of a millet seed, hence the name miliary tuberculosis in which large numbers of these small formations occur throughout the organs of the body. The tubercle may spread by the blood or lymphatic stream, it may be coughed into another part of the respiratory tract, or swallowed after it has been coughed up from the lungs.

Sanatorium Treatment.

The principle of this treatment of tuberculosis is to give the body as much rest as possible in order to allow the natural healing process by fibrosis to take its course. Nature's method of cure is to wall in the tubercle with a circle of fibroblasts. Into these are gradually laid down lime salts and calcification takes place. If the process of fibrosis fails the affected area breaks down and forms a caseous mass, and, if other germs are present, pus forms.

Predisposing Causes.

It is now definitely established that tuberculosis is not hereditary, but there may be a family disposition, or weakness which predisposes to tuberculosis, some weakness of the defensive mechanism. For tuberculosis to develop the bacillus of Koch must be present. The inability to fight the infection runs in some families. Other predisposing causes are overcrowding, lack of proper food (especially milk) and lack of sunlight and fresh air. Dr. Bennett here gave an account of the investigation carried out in Newcastle in the Bladen and Jarrow districts and also named certain diseases as predisposing to tuberculosis.

Tuberculosis Dispensaries.

Then followed an account of the earliest tuberculosis dispensaries opened and the up-to-date methods of work in the dispensaries of the present time. Reference was also made to the effects of the National Health Insurance scheme and to the Regulations that made tuberculosis a notifiable disease in England and Wales. Dr. Bennett referred to the great value of the activities of the tuberculosis health visitors who visit the homes and try to persuade the people, suffering from tuberculosis, to attend the dispensaries and also to bring any who are in contact with them and their children for examination.

Operative Treatment.

Artificial pneumothorax is the usual method of surgical intervention. Air is introduced into the pleural cavity until the lung is collapsed in the chest. This air acts as buffer or splint and keeps the lung at rest, so allowing the natural healing processes to come into play. If the tuberculosis has advanced so far that there is a large cavity in the lung, filled with purulent matter, then a thorocoplasty may be advised. This consists in removing sections from a number of ribs so that that side of the chest is allowed to fall in completely. Another operation sometimes employed is that whereby the phrenic nerve (which controls the movements of the diaphragm) is paralysed.

After Care.

When the patient returns from the sanatorium there arises a very difficult time in his life, because he is not really fit. There is the economic aspect of the problem which the Government has yet to tackle. The sanatorium treatment may patch up a case and the temperature may become normal but the patient is not cured. Here the doctor told of efforts made, after the patient's discharge, to maintain improvement. He referred to the different categories which tuberculous patients are divided into—

(a) Active tuberculosis in which there is a temperature.

(b) Arrested tuberculosis when the disease has been arrested for two years.

(c) Recovered tuberculosis in which case a period of a further three years has elapsed without a recurrence of symptoms and no signs of further development arise. It is to be noted that, owing to the possibility of reappearance, the word "recovered" is used and not "cured." In the diagnosis of the disease great strides have been made since the discovery of X-ray as a method of examination. Where the stethoscope cannot define the margins or the extent of a lesion the X-ray plate shows them clearly.

In answer to certain questions by the audience, Dr. Tempest Bennett spoke of the treatment of pulmonary tuberculosis with sanocrysin, which is one of the gold preparations. Many preparations are of no avail because of the wall of fibrous tissue which surrounds the tuberculous lesion. Unfortunately, gold salts are liable to cause gastric disturbance and skin troubles.

Tuberculin Injections.

Tuberculin, the filtrated extract of the substance excreted from tubercle bacilli, grown on a false medium, is the substance used for the Mantoux test for tuberculosis and is injected intra-dermally. The reactions to this were described in detail.

Great appreciation of the lecture was evident, and as Dr. Bennett explained that time only allowed him to treat his subject very incompletely, the hope has been expressed by several of those who attended his lecture, that they may have the pleasure of listening to him again before so very long.

NURSING OF THE CHRONIC SICK.

Mrs. Berens Dowdeswell, M.A., S.R.N., and Miss Isabel Macdonald were the representatives of the Corporation at the meeting held at the offices of the General Nursing Council for England and Wales, 20, Portland Place, W.1, to discuss the Nursing of the Chronic Sick and questions relating thereto.

AN ACKNOWLEDGMENT.

We would acknowledge the sum of £5 received for the Helena Benevolent Fund by Registered Post. As no name or address was enclosed we are unable to thank the donor personally, but we would assure her of our appreciation of such an exceedingly generous gift, and the comfort which it brings will be deeply appreciated by those for whose benefit it was sent to us.

MEMBERSHIP SUBSCRIPTIONS.

We have to remind those members who have not yet sent in their Annual Subscriptions for the year that, under the provisions of the By-Laws, all Annual Subscriptions fall due on January 1st. It saves a very great amount of clerical work if the Annual Subscriptions are sent in early in each year. We have to thank all those who have already attended to this matter and who, as well as many Life Members, have sent their annual gifts to the various benevolent funds. The Trained Nurses' Annuity Fund has had a very successful year and is granting annuities to about 70 sick and aged nurses. The Settlement Home is still full and much appreciated by the nurses who have rooms there; while the Helena Benevolent Fund comes to the rescue month by month for members who find themselves in difficult circumstances owing to illness. We are very grateful for the help so generously given to these funds. Unfortunately the interest from investments is not high in these days, so that this generosity is all the more welcome.

194, Queen's Gate,
London, S.W.7.

ISABEL MACDONALD,
Secretary to the Corporation.

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