

which had led to such a momentous and fateful step for the profession as that which the General Nursing Council arrived at. One member pressed for information as to whether there was a division in the Council on the letter (printed in another part of the Journal) which had been addressed to the minister; she wished to know whether it was possible to ascertain who had voted for and against it. The Chairman said that as the meeting was held *in camera* the information asked for was not available, a most despotic and reprehensive method of conducting business.

The following is the Resolution as sent from the Meeting to the Minister of Health:—

"That the Members of the Royal British Nurses' Association in General Meeting assembled do convey to the Minister of Health an expression of their strong opposition to any legislation calculated to lead to the establishment of a Roll of semi-qualified women under the Nurses' Registration Act.

The Members of the Association welcomed the establishment of the Act as a result of thirty years of struggle and placed their names on the Register in full confidence that the commitments of the Act, for the recognition of a definite minimum standard of professional qualification would be loyally observed. Secure in the protection thus ensured the nurses have been responsible for the finance required to maintain the Council, and its activities involving an expenditure of some \$50,000 annually and this without any participation of the State in helping towards the costs involved."

The members also desired that a letter expressing their views on the action of the General Nursing Council be sent to that body. It was agreed that such a communication be sent, but as the meeting had been a long one it was left to the Hon. Officers to define the precise terms of the letter.

The meeting terminated with a vote of thanks to the Hon. Officers for all their work for the Association, and to the Chairman for presiding. Tea was served in the members' beautiful drawing-room, exquisitely decorated with flowers by Miss Beatrice Treasure.

## LECTURE.

### TUBERCULOSIS.

By DR. CLIFFORD HOYLE.

WE had an exceedingly interesting lecture recently from Dr. Clifford Hoyle on the subject of Tuberculosis, and particularly so were his descriptions of the more recent treatment for the disease.

In commencing his lecture, Dr. Hoyle referred to Tuberculosis as a disease which has afflicted humanity from very early ages; it was known in ancient Egypt. It is an ubiquitous disease but one not common among native races until the arrival of the white man; once introduced it spreads very rapidly. The first recognition of tuberculosis, as an entity, dates back to the time when Robert Koch made his great discoveries and did his brilliant work in relation to bacteria in 1882. The germ of tubercle takes up stains only very slowly and with difficulty but, if the action of the dye is intensified by the use of heat, it retains the colouring longer than other bacilli, and these circumstances help in leading to its identification. Its tendency to retain stains, when subsequently immersed in acid, places it among the acid fast bacteria; only a small group of organisms have this property.

The tubercle bacillus was first isolated and described by Koch, and the two main types are human and bovine. There are other types which cause tuberculosis in birds and fishes; man may contract tuberculosis from the former of these two types, but never from the latter. In the type of tuberculosis which attacks the cow the bacillus

when isolated shows quite a different appearance to that which attacks mankind. The human type develops very rapidly but has a lower virulence for animals. The bovine type develops much more slowly but is more virulent than the human type, especially in calves. Bovine infection is responsible for a good deal of glandular tuberculosis in children, and also it frequently gives rise to disease in the skin and in the bones and joints. It is responsible for 47 per cent. of the cases of cervical gland tuberculosis, 50 per cent. of the cases in which bones and joints are attacked, 18 per cent. of the cases of tuberculous meningitis and 1 per cent. of the pulmonary cases. Almost every case of bovine tuberculosis is due to infection conveyed through milk. The udder of the cow may be infected and the germ gets into the milk. This does not greatly matter in the case of the adult, but the matter is different where the child is concerned. If all milk were freed from infection, bovine tuberculosis would soon disappear.

As regards human bacilli the position is different. These are transmitted chiefly through what is known as "droplet infection," that is infection thrown into the air by the coughing or sneezing of some person infected by the disease. At one time dust was regarded as a common source of infection, for it was thought that the dried sputum of tuberculous persons remained active in the dust; this source of infection is not now, however, regarded as an important one, except in dirty houses.

It is a strange thing that when tubercle bacilli pass into the bowel they do not appear to set up the disease there, but they may gain lodgment in the lymph glands and give rise to diseased conditions in them. As a rule this does not greatly affect the patient (usually a child). The condition, as a primary lesion, generally heals and calcifies. If it persists, infection may spread into the lymphatic glands and elsewhere through the blood stream. Tubercles consist of three layers of cells. That is the initial lesion and there may be hundreds of these cells. The lesions break down by a peculiar process of caseation, a form of necrosis; in time, however, this becomes a hard, nurotic mass from calcification. With that the process may stop.

Everyone is liable to infection from tuberculosis, but all do not develop the disease; that is quite a different thing. In the case of the poor, or when the infection is heavy, the disease may develop very rapidly after infection. It very often appears first in the lymphatic glands for the structure of the glands holds up the bacilli and eventually they get into the blood stream and lodge in different parts of the body. What is known as miliary tuberculosis may result when the disease attacks organs in different parts of the body.

Tuberculosis tends to yield readily to treatment in the case of a child and he gets well. It is steady and progressive usually in an adult if it remains untreated for any length of time. Tubercle grows and invades the tissue. In the lungs if caseation commences at the centre of the lesion the latter gradually becomes surrounded by fibrous tissue and the result is that the spread of the disease is limited. Failing this process, the tubercle gives rise to cavities, bronchi become affected and break down; more and more tubes give way and larger cavities are formed. There may be said to be three stages in the process of infection—the primary infection, the stage of glandular infection and subsequent invasion of the blood stream and the stage where pulmonary lesions arise and glands, joints and other parts of the body are attacked by the disease.

A long series of very wonderful slides were put upon the screen showing first the normal chest and lungs, and then came slides showing the diseases in many different stages, such as the first appearance of it in the lung, the calcified lesion in the lung and advanced examples showing large cavities and cases where the whole lung had practically

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