that he is tuberculin-negative is a danger signal. For having never been immunised against tuberculosis, he may succumb to it rapidly if exposed to infection in the course of his studies when he is under-fed and over-worked. The negative tuberculin reactor is therefore told to present himself for examination again at least once a year, and as soon as he is found to be tuberculin-positive, he is thoroughly overhauled and if there are any other signs of infection, he is placed under the close supervision of some specialist in tuberculosis.

When, on a first examination, a student is found to give a positive reaction to tuberculin, he undergoes an X-ray examination, and if this reveals signs of tuberculosis in the lungs or neighbouring structures, he is put under the close supervision of a tuberculosis specialist who will advise him as to what to do next.

This system of medical examinations has now been in force in Copenhagen since the autumn of 1934. During the first three years, 1,608 medical students have been examined. The details of this system have been worked out by a committee appointed by the University authorities who have followed its execution with much sympathy and interest. Though the examination, which is repeated about once a year throughout the medical curriculum, is voluntary in theory, it has in practice been found desirable to put a certain amount of pressure on the students. They are informed, for example, that if they wish to hold the much coveted appointments of hospital interns, they must show that they have been medically examined by the competent authorities. The medical examination inspires the more confidence in all concerned because it is undertaken by specialists working under the auspices of the University.

What are the main results yielded by this system in Copenhagen? Of the 1,608 students examined, 1,192 were found already to be tuberculin-positive. The positive reactors thus represented 74 per cent. of the total. But when only those students were considered who had nearly reached the end of the medical curriculum, it was found that 95 per cent. of them were positive reactors, many having become so as the result of exposure to infection in

hospital or elsewhere.

Among the 1,192 students found at the first examination to be positive reactors there were 12 who were already known to have contracted pulmonary tuberculosis. remaining 1,180 students were all supposed to be healthy. But as many as 19 of them showed X-ray changes in the lungs indicative of tuberculosis. After the subtraction of these cases there remained 1,161 students who gave a positive reaction to tuberculin but whose lungs showed no X-ray signs of tuberculosis. During the first three years of this examination none of these 1,161 students developed pulmonary tuberculosis. In other words, if you are a positive tuberculin reactor but show no X-ray signs of pulmonary tuberculosis, there is very little chance of your developing tuberculosis as a student however much you may come in contact with infectious cases. Among the 416 students who on the first examination gave a negative reaction to tuberculin, there were as many as 82 who subsequently became positive reactors. And among them there were 19 who developed signs of tuberculosis of the lungs. This observation confirms the belief now held in many quarters that the student whose negative tuberculin reaction shows that he is virgin soil is particularly liable to develop pulmonary tuberculosis in the course of his studies.

The experience of the University authorities both in Paris and Copenhagen have proved so instructive that it is to be hoped that other Universities will follow their example and take steps to limit the ravages of tuberculosis among their students to the mininum.

(Communicated by the Secretariat of the League of Red Cross Societies.)

## A POPULAR VERDICT.

What is known as the Brownlow Case has aroused keen interest in the nursing world, and there was widespread satisfaction when at last it became known that the Minister of Health, Mr. Walter Elliot, had refused permission to the Kent County Council to terminate the appointment of Miss Alice M. Brownlow, S.R.N., F.B.C.N., Matron of the County Hospital, Farnborough.

Miss Brownlow was appointed to the hospital in May, 1936, and in October last year the attention of the Public Assistance Committee was called to alleged difficulties

between the matron and the staff.

On October 10th, a sub-committee of the Public Assistance Committee made the suggestion that the matron should consider her resignation, which she wisely declined to do, and with admirable courage she applied to the Minister of Health for a public inquiry. This inquiry began at the hospital on February 8th and ended on March 10th, during which time Miss Brownlow was subjected day after day to hours of interrogation, during which ordeal she proved herself a woman of dauntless courage and integrity.

## 77 Witnesses.

At the inquiry 31 witnesses were called for the County Council and 46 for Miss Brownlow.

It was alleged at the inquiry that Miss Brownlow was harsh in her treatment of the staff. This she denied.

Following the inquiry the sub-committee recommended on October 27th, that the Public Assistance Committee should apply for the consent of the Minister to terminate Miss Brownlow's appointment at the expiration of three months' notice.

Now after months of delay and anxiety Miss Brownlow's solicitors have received a copy of an official communication from the Minister of Health sent to the Clerk of the Kent County Council in which he states "that he has had under consideration the report made by his officers, Mr. Turton and Dr. McIntosh, after the official Inquiry held by them into the application of the County Council for his consent to the determination of the appointment of Miss A. M. Brownlow as Matron of the County Hospital, Farnborough, informing him that the Minister has decided, after careful consideration, that he would not be justified on the basis of the present complaints and on the evidence adduced thereon at the Inquiry, in acceding to the determination of the appointment," a communication which was of course received by Miss Brownlow with justifiable satisfaction.

And what now? Miss Brownlow, having been proved justified in demanding an inquiry into wrongful accusations made against her, and having been exonerated after the most searching inquiry, the fact remains that to prove her innocence a huge sum of money has been expended in legal fees, etc. What about it? Surely the cost of the defence should not be left to the innocent party and her supporters.

A professional woman holding a responsible position when accused must take means to protect her character and integrity, or face professional ruin. When the accusers are members of a Public Body, who have been proved in the wrong, surely justice demands that they should pay

the costs of their error.

We feel strongly on this question, as of late we have been helping to protect innocent public servants met with tyrannical and crushing methods from public authorities, against which the majority of women have neither the courage nor inclination to fight. Not so Miss Brownlow, although all this stress and storm has tried her health—it has not broken her spirit—the duty of her colleagues, who owe her a debt of gratitude, is to press for justice in this connection and see that justice prevails.

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