

Service which was now being planned. "We must have enough nurses, and nurses of the right type, for patients in hospitals, and also in their own homes, and in the public health services," he said. "We must also be sure that we have available to us the best professional advice in the organisation and administration of the service. How best we can secure the fullest contribution from nurses in this new service is one of the matters I am discussing with representatives of nurses."

The profession will largely agree with the preceding opinions expressed by the Minister of Health, and we hope there will be no discrimination of his Department against those groups of Registered Nurses who prefer to be independent in the exercise of their professional conscience. We need name but two groups whose legal status it is the duty of the Minister to recognise, the Royal British Nurses' Association, the first organisation of nurses incorporated by Royal Charter in the United Kingdom, and the British College of Nurses, Ltd., incorporated and entrusted with the expenditure of considerable funds for the educational and benevolent benefit of Registered Nurses.

### FIBROSITIS.

By I. GODDARD, S.R.N.

Fibrositis is a condition in which the muscles and all its attachments, such as the tendon sheath and dense connective tissue named aponeurosis to which it is attached.

Pain is felt either partly or wholly, and in some cases stiffness and very severe pain may be felt when the muscles are used.

The fibrous tissues in which inflammation may occur, causing the thickening spreads to the muscles, thus causing the pain and stiffness, fibrous nodules may form or the pain in the aponeurotic sheath or tissue may commence between the capsules and ligaments of the joint.

In some cases when the pain is very severe, it may be due to neuralgia, and this may affect the muscle through the sensory nerve; the pain is usually felt in the lower part of the back chiefly, in the neck or one side of the body.

Fibrositis is often allied to rheumatism as it is similar in its manifestations, but not to rheumatic fever.

It is as painful as muscular rheumatism and may become chronic; it is thought to be encouraged by the presence of a septic focus in the patient's body, even bad teeth may be the cause which have long been decayed.

Chronic constipation or any other poison which may work its way into the system may be the cause, and is seen more often in cases where the patients are exposed to the cold and wet, or who are debilitated or depressed.

*Symptoms.*—The acute form is entirely local, there is extreme pain on movement, but no rise in temperature.

Over the area affected there is tenderness on pressure, in some cases causing the patient to cry out with the pain, according to the group of muscles affected, as it is the fibrous tissue which is usually involved.

The pain may vary, lasting in some cases hours or days or even weeks till it becomes chronic.

When the pain occurs in the lumbar region, the pain is intense in some cases, and there is often a history of trauma or unusual exertion.

When in the neck, known as Torticollis, the neck becomes stiff, thus affecting the cervical muscles, usually the sterno-mastoid, often known as wry neck.

In the side, Pleurodynia, the muscles of the intercostals become affected and the pain is acute almost similar to pleurisy.

*Treatment.*—If there is any septic foci it should be treated at once. Complete rest and relaxation of the muscles by placing the limb between sandbags or strapping may be applied.

To relieve the pain hot fomentations or blisters may be ordered; in some cases adhesive belladonna plasters can be used.

The bowels are kept well open and drugs such as bromide and chloral or phenobarbital may be ordered.

Cases which have become chronic are sometimes treated with massage, galvanism or radiant heat.

Injections of a few drops of pure alcohol around or into the painful nodules, as in cases of lumbago, is sometimes given, but the avoidance of damp cloths and bedding is very necessary.

In cases of Torticollis a leather collar is sometimes ordered or the sternomastoid is cut.

### EARLY DETECTION OF TUBERCULOSIS.

#### MASS RADIOGRAPHY RESULTS.

Details of mass radiography by means of miniature X-ray films for the early detection of tuberculosis of the lungs are now, reports *The Times*, becoming available, and the Medical Research Council publishes a valuable report (Stationery Office, 3s.) on the results obtained by its experimental and training unit. This unit conducted a survey in 1943 of approximately 23,000 persons from two factories, a large office group, and a mental hospital, all in Greater London. Leaving out the last-named because tuberculosis has long been known to show a higher incidence than the average in such institutions, interest centres on the detection of early disease in the general working population.

The figures for the two factories and for the office group were very similar—namely, newly discovered tuberculous lesions between 1 and 1½ per cent. Of these figures about a quarter were accounted for by persons who were advised to leave work immediately for institutional treatment and the rest required out-patient observation while remaining at work. Thus for industry as a whole, if these figures are a fair sample for the rest of the country, it means an immediate temporary loss of three or four a 1,000 and some adjustment of work for the 10 a 1,000 remaining under supervision. The final diagnosis was, of course, not made on a miniature film alone. About 6 per cent. of persons were asked to return for a full-sized film and about 2½ per cent. for a medical interview.

It is very necessary that, where part of the training of a nurse is spent in a tuberculosis hospital, the most careful medical supervision of her health should be available before she is permitted to undertake the care of tuberculosis patients, as we have known sad cases of infection.

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