

paper, or into a spittoon. (2) Spitting only to be allowed into a cup or sputum-flask containing strong disinfectant, and supplied with a lid, when indoors, and into a pocket-flask containing the same solution when out of doors. (3) The disinfectant used to be of a higher coefficient than carbolic. (4) The solution to be of sufficient strength to have a rapid lethal effect upon tubercle bacillus. The solution, when first prepared, should be at least of strength of 1 in 50, in order to insure that it shall not be below 1 in 100 if an equal amount of sputum be added. To prepare the solution, a teaspoonful added to half a tumblerful of water roughly gives a strength of 1 in 50. In the homes of the illiterate, the nurse at her weekly visit should prepare sufficient solution to last the week. (5) The sputum to be well mixed with the disinfectant solution. (6) The disinfected sputum to be disposed of morning and evening in a place specified in instructions. (7) In country districts the method of disposal to be by burning if the contents are of not too large a quantity. If burning is impracticable, the disinfected sputum should be buried deep in the mould of the garden.

THE AIMS AND METHODS OF THE TUBERCULOSIS NURSE.

By Miss MARY RUNDLE,

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THE tuberculosis nurse has now become a recognized and necessary officer in the tuberculosis campaign. The duties of the tuberculosis nurse, more than in any other branch of her profession, require her to teach the principles and practices on which depend the prevention of disease. Thus her position is exceptional, for although the actual nursing may be limited, it is most essential she shall possess the knowledge which will enable her to cope with the emergencies which repeatedly occur. This point should be emphasized, as there is a tendency to think, that for some appointments, notably those of the Tuberculosis Dispensary, other than trained nurses should be entrusted with the work. This suggestion should be deprecated. If the sick and diseased are to be helped towards health, who but a trained nurse can be expected to view in the right proportion the condition of ill-health. And as the fundamental law of successful teaching is to proceed from the known to the related unknown, the untrained woman lacking that fundamental knowledge cannot be expected to become a successful teacher, and for the same reason it is necessary that a nurse acquaint

herself with some knowledge of hygiene and sanitation. It would be difficult to say in which environment the nurse has most scope—in the institution, the home, school, or Tuberculosis Dispensary. We are hoping great things of the Tuberculosis Dispensaries, the “sorting centres.” Here the nurse’s work and influence are not restricted to the patient, but come into touch with the family and home for a definite purpose, and that not always an acceptable one. We are so accustomed to use the word “tact” when referring to her in this direction, a *most* necessary qualification, but I would emphasize also the value of a broad, liberal education. I do not mean professionally only, but a knowledge and understanding of the world and people. The nurse’s duty in the home will be to encourage healthy hygienic habits, to see that the doctor’s ordered treatment is carried out, to encourage other members of the family “contacts” and “suspects” to be examined by the doctor, to make provision for proper sleeping accommodation, feeding, and clothing. To send this member of the family to the seaside, another to a sanatorium, and if she *can*, to persuade another—the original and continued source of infection, perhaps—to enter an infirmary or equivalent institution. And then there are the family finances to settle on a sound basis. Her responsibilities are many, but she has resources, and she will acquaint herself with all the existing charitable organizations, and there are many, and know how to enlist their co-operation in her mission. The organized care or case committees now formed in connection with Tuberculosis Dispensaries must prove invaluable in assisting in this direction, when the members are composed of representatives of philanthropic organization, in preventing as they do overlapping and consequent waste of time and material; also ensuring less annoyance to the patient and his family, a consideration not infrequently overlooked. The nurse’s duties in the dispensary itself will be to write up reports of the home visited, to assist the doctor in weighing and examining the patients and contacts, to keep records of all the work done, visits paid, etc. To facilitate this task it is most desirable a concise and uniform system should be adopted. In the institution—it may be a chest hospital, sanatorium, or infirmary—the nurse’s duties are entirely different, but can we say requiring another fundamental training? Those in authority in these institutions would tell us of the difficulty experienced in securing the right material, and we should hear also different opinions expressed as to the most effectual training for this branch of the campaign. There may be little actual nursing except in the infirmary cases, but much teaching in hygienic principles of living, and this to undisciplined adults, who are kicking against their restricted inactive life. It is essential their minds shall be at ease, and healthy, as it is that their bodies shall be repaired. What an opportunity for

the nurse, and how little she may be equipped for the task, and it is in this connection, I think, that the chief difficulties present themselves in securing the right material, and from them have arisen the different opinions as to the best training for a tuberculosis nurse. It has been often said, it is not always the highly-skilled and general-trained woman that makes the best tuberculosis nurse. What is the reason? It may be that to some accustomed to the rush and ever-changing scenes of a big general hospital, the life at a sanatorium away in the country may present a very quiet and perhaps uninteresting existence. May not that point of view depend rather on temperament and not so much on the amount of training a nurse has had? It is obvious that what is wanted is a woman who understands human nature, but can we afford to sacrifice knowledge when at any moment the lack of it may mean disaster to the patient? To enumerate the predisposing causes and complications attending tuberculosis, such as affections of the digestive tract, the respiratory system, joint infections, and the nervous element, will make us realize that it is in a general hospital that the nurse will have become acquainted and familiar with all these conditions.

The district nurse, I suppose, is the most independent. She bears the responsibility alone of nursing and caring for the patient and the family simultaneously. She must feel responsibility heavy upon her. In her endeavours to stem the tide of disease in the community her difficulties are peculiarly her own, for she endeavours to alleviate suffering, and witnesses disease under the most distressing conditions and in surroundings not calculated to assist, but to retard, recovery. Opportunities offer themselves, consequent on her professional knowledge, of detecting suspects beyond those of other social workers, and the authority she has for dealing with them is limited, and varying in different localities. A course of action should be very guardedly set, the consequences are so vital; professional etiquette must not be infringed. The nurse will wish to persuade the "suspect" to present himself for medical examination. To whom shall she direct him, and what authority has she to support her? In what relation does she stand to the Medical Officer of Health? The majority of nurses will find a way, but should there not be a recognized authority to protect the nurse from seeming officiousness?

With regard to open-air schools, the question whether the teacher should also hold a nurse's certificate is a debatable one. She certainly is dealing with diseased children, and the wish to prevent dual responsibility is a reasonable one; but surely, if we are to insist on this, the teacher will have to begin to qualify in her cradle. The better plan would seem to be the appointment of a school-nurse.

Having enumerated some of the parts the nurse plays in her mission

of health, it would be well to consider a training best calculated to equip her. We cannot aim too high. The nurse, first, should be a woman of a broad, liberal education. She should have the foundation of a general training, and then a period of specialization at a chest hospital or sanatorium, where special efforts should be made to instruct the nurse, and lectures given on a broad basis, covering as far as possible the demands previously alluded to. An important place must be given to hygiene and sanitation. A sufficiently exhaustive course of lectures on these subjects may be difficult to procure in a hospital; in that case some form of affiliation with a sanitation and hygiene institution should be arranged. At the Royal Hospital for Diseases of the Chest we give our nurses facilities for obtaining the certificate of the Royal Sanitary Institute. This, with an opportunity also of working in the Tuberculosis Dispensary attached to the hospital, is a valuable addition to the experience obtained in the wards. It is regrettable that a training such as suggested must of necessity cover many years. This is unavoidable until such time as our profession is organized; it should then be possible to work on an amalgamation system, so that a nurse could, after spending a given time in a general hospital, specialize in any other, her certificate covering the whole period. But to make this practicable we must have a uniform recognized standard for all training schools, under the control of a legalized governing body. The question of suitability of temperament for a particular branch of work, whether tuberculosis, fever, or any other, would be dealt with, probably, before the nurse specialized. There is no argument for a limited training on the score that some nurses are better suited psychologically for this or that specialization. No training will detract from suitable temperament, but enrich it a hundredfold. When we speak of a suitable temperament for the nursing of tuberculosis patients in sanatoria, what is uppermost in our minds is the capacity for managing them. In those patients who are not very ill, and yet have to be under the restraint of discipline for their health's good, the effect of mind over body plays a most important part. How essential, then, that the nurse shall understand the mind! Can we help her? It is quite possible we could by including in our curriculums a short comprehensive course of this study of the human mind. Psychology as a science we could not pretend to teach, but would it not be possible to gather some gleanings sufficient to lead the nurse into understanding the thoughts and feelings that make personalities and character? But in all our endeavours to fit nurses for this important campaign we shall ever be handicapped if unable to attract the best type of womanhood to enter the ranks of our profession.

It may appear to many the course of training suggested is too idealistic, but the subject cannot be left without the necessity for an

adequate education being enforced, in justice to our profession, which has to compete with so many now open to women offering greater educational and financial advantages; also in justice to the public, which has every right to the best nursing skill available.

GENIUS AND TUBERCULOSIS.

BY ARTHUR C. JACOBSON,

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IN a paper written some six years since I discussed the influence of the toxins of tuberculosis upon temperament and genius, citing examples.¹ Dr. John Bessner Huber, in his well-known work, has dealt with the same subject.² He has shown the influence which tuberculosis has exerted upon literature and the arts, as indicated specially by Robert Louis Stevenson, Chopin, Keats, and Marie Bashkirtseff.

The spurring influence of the *spes phthisica* and related psychological phenomena upon the creative mind has, of course, often been noted. Regarding Schiller, Nevins wrote that "it is possible that the disease served in some way to increase his eager activity, and fan his intellect into keener flame." Certain phrases of Keats would seem to show that he apprehended the same influence, and Lanier gave himself up quite understandingly to the intoxication. Stevenson is probably the most familiar example of the genius whose powers are quickened by reason of the general psychic excitation resulting from the action of tuberculous by-products. The natural optimism of such a mind is intensified by the characteristic effect of the toxins, until (strange paradox) evil is seen to incite good—pathology to warm and colour delightful qualities of temperament. We see a very similar instance in Emerson, likewise an intense optimist. Other notable examples of genius or of high talent as influenced by tuberculosis, studies of all of whom appear in the author's earlier paper, have been John Milton, John Locke, Alexander Pope, Percy Bysshe Shelley, Tom Hood, Laurence Sterne, Thomas De Quincey, Elizabeth Barrett Browning, Molière, Henry Thoreau, Goethe, Balzac, Jane Austen, Samuel Butler, Edward Gibbon, Voltaire, Francis Beaumont, Walter Scott, Dr. Johnson, Baruch Spinoza, Georges de Guérin, David Gray, Amiel, Washington Irving, John R. Green, Richard Baxter, Charlotte Brontë and her almost equally distinguished sisters Emily and Ann, Rousseau, John Ruskin, Charles Kingsley, Robert Southey, Nathaniel Hawthorne,

¹ *Medical Library and Historical Journal*, December, 1907, and *Æsculapian*, December, 1908.

² Huber, J. B.: "Consumption and Civilization" New York, 1906.