

selected staff meetings and conferences. In this way she is prevented from isolating herself in everyday routine and is kept abreast of advance in clinical work, while at the same time giving hospital staffs a contact with her and her work.

The demand for public health nurses will be met by continued alertness and planning; by recruitment of suitable women to give the service a fair share of those available; by adequate preparation and by vigilance to ensure that the nurses are being used to the best advantage in the work. Though all health work contributes to the reduction of illness and the improvement of health in the community, public health nursing has special place in this objective, and it must be ready to take a worthy place in all developments of the preventive services.

Nursing Service—How to Meet the Demand In Tuberculosis Nursing

MISS GWEN BUTTERY

South Africa.

Much has undoubtedly been accomplished by organised effort to control Tuberculosis, but the eradication of this disease cannot be attained without the wider and more intensive application of known methods of treatment and prevention.

Recognition of the active case is but the first step in the prevention of tuberculosis and in South Africa, a vast country of 795,000 square miles with a total population of some 11,200,000 souls—8,900,000 of whom are black people—the incidence of tuberculosis is a matter which requires immediate and urgent attention.

The death rate among the white population is one of the lowest in the world. It was 32 per 100,000 last year. On the other hand the rate in the Non-European races is inordinately high and it is getting worse every year. The health of every section of the community will soon be affected if the incidence of Tuberculosis among the Non-European population is allowed to spread further.

Let us glance at the death rate among the various groups constituting the Non-European people which occurs as follows:—

Asiatics (East Indians) :	250 per 100,000
Coloureds (half white) (half black) :	500 per 100,000
Natives (Bantus) :	800 per 100,000

The actual deaths recorded last year were 11,745.

It is likely that the deaths exceed this figure as so many of the infected Natives go home to their kraals to die, and in all probability their deaths are not recorded.

While education has partially removed the Bantus traditional antagonism against hospitalisation the ignorance of the white man's medicine still prevails among at least 50% of them who prefer to consult their witch doctors. While this state of affairs continue to exist it is patently impossible to make an accurate assessment of the incidence and effects of Tuberculosis among the Bantus.

In a paper such as this it is unnecessary to go into the details of the history of Tuberculosis, its Etiology and Epidemiology, but I feel that some factors of special significance should nevertheless be mentioned :

Notification :

Notification of the disease is a statutory duty in South Africa but such notification cannot be relied upon to give an accurate picture as it may be based on clinical and not radiological or bacteriological grounds.

It should be mentioned here that notification is frequently late, the sufferer being almost moribund when he presents himself for a physical examination.

Occupation :

Workers in certain dusty occupations seem to be predisposed to Tuberculosis, but the incidence is also high among labourers who are engaged in occupations which require sustained physical effort with resultant excessive fatigue.

Diet :

In the urban areas the diet of the labourer is usually either inadequate or unbalanced. The high cost of living coupled with low incomes and the lack of sufficient sub-economic housing schemes must inevitably result in malnutrition and disease.

Improved nutrition and housing are the two most potent weapons against Tuberculosis.

Housing :

If all the people were adequately housed and fed Tuberculosis would probably be eradicated automatically in a comparatively brief period without the application of any further measures.

Overcrowding and malnutrition go hand in hand to produce a fine breeding ground for the tubercle bacillus.

Concerted action by the Central and the Provincial Governments and local authorities is the answer, and we look forward to the day when

slums will have been abolished and adequate buildings made available for the housing of our population.

Prevention :

At the present moment there are not enough beds or institutions to isolate and treat the sufferers and rehabilitate those on the way to recovery.

The country is desperately short of nurses and the Sanatoria are staffed mainly by nurse-aids or assistant nurses with a registered nurse in charge of each ward.

With the existing shortage of beds it is not possible to prevent effectively the spread of Tuberculosis.

The patient whose sputum is positive is obliged to be nursed at home pending his, or her, admission to hospital. The disease thus progressed at home and where isolation is impossible the rest of the family is frequently also infected.

Mass radiography, tuberculin patch testing and other means are used to trace the early cases, but to what purpose are all the steps taken if inadequate facilities exist for the proper treatment of the case?

Sanatoria :

We have seen that this vast country has, at present, a deplorable shortage of hospital accommodation for tuberculous.

Before the war (1939—1945) there were four government Sanatoria, but since then three military hospitals have been acquired and after due structural alterations have been made they will be available for the treatment of Tuberculosis.

A start has been made in a large industrial centre with the provision of a further 200 beds, whilst an additional 500 beds have been added to a Non-European Sanatorium in Cape Town.

If present schemes afoot workout according to plan it should be possible in the near future, to accommodate at least another 500 cases in hospitals controlled by the state.

Treatment.

Every known method of treatment is being used and every new discovery in treatment is promptly applied.

The effectiveness of prophylactic vaccines such as B. C. C. and Vole Bacillus in use overseas is being carefully studied. These vaccines are, as yet, not used in South Africa.

Other Forms of T. B.

Adenitis, Meningitis, Peritonitis and Bony Tuberculosis occur in South Africa but they do not present a problem of the same magnitude as that of Pulmonary Tuberculosis.