

MAINLY FOR HEALTH VISITORS

THE PUBLIC HEALTH NURSE AND TUBERCULOSIS

*A paper read at the T.N.A.I. Conference
by MISS E. LUND, of Arogyavaram*

Tuberculosis is a communicable disease, but differs from most of such diseases because its victims usually undergo a long and disabling illness, frequently with a tragic ending. It also tends to single out as its victims young adults at the outset of their career. It is estimated that roughly one in every seven deaths in India is due to tuberculosis. Therefore its control is a problem of the greatest importance.

In India, we have as yet hardly begun to control it. In only a very few places have any attempts at all been made, and only a very few of those actually sick can be treated. It follows then that so far there is very little experience in India of the work of the public health nurse in relation to tuberculosis.

Turning to the West, we find that among the methods now adopted in the control of the disease, are the following:

- (1) Reporting and registration of tuberculous patients.
- (2) Provision of hospital care and treatment of the sick.
- (3) Domiciliary supervision of families with an active case of tuberculosis in the home.
- (4) Following up all contacts of cases.
- (5) Finding new cases, and survey work.
- (6) Rehabilitation of cases discharged from the treatment institutions.
- (7) Education.

In most of these methods the public health nurse has a definite part, and requires a good knowledge of the disease, skill in specific as well as in general nursing procedure, and an understanding both of the family and of the general social significance of tuberculosis.

In a short space of time it is impossible to go into these various methods in great detail, but something may be said.

First of all, I should like to say that most of these procedures are based on the tuberculosis clinic, which is regarded as the centre of the campaign against the disease. The public health nurse who is dealing with tuberculosis specially, works in close connection with the clinic, and is usually a member of the clinic staff, and her work is under the direction of the tuberculosis specialist in charge of the clinic. A tuberculosis public health nurse is almost helpless without a clinic, and, on the other hand, the work of a clinic is very much crippled without nurses. More and more clinics are being opened in India, and we as a Nurses' Association have to see that there are made available nurses with the special training required for clinic work. Failure to do this will greatly hinder the tuberculosis campaign.

Now let us consider the procedure in the control of tuberculosis in a little detail.

(1) *Reporting and registration of tuberculous patients.* In the West, immediately a patient is diagnosed as tuberculous, his name

is reported to the tuberculosis officer. The patient may be under the treatment of the clinic, or under the treatment of a private practitioner: that does not matter if he is under treatment. From that time until either the patient is medically so well that his name can be removed from the list, or until he dies, he is under control. If he is not in an institution a nurse will regularly visit his home, not only to help him, but to prevent others getting the disease.

In India, so far, registration of tuberculous patients has not been introduced as a general law, and most of the authorities are against the introduction of legislation in the present stage of the campaign. The reason is that they fear it will lead to the hiding of the disease. The confidence of people has first to be won, and the doctor and nurse must come as friends without anything of the guise of a detective. There is, therefore, no law behind the visits of the tuberculosis nurse to the homes of patients, save the law of service.

(2) *Provision of hospital care and treatment of the sick.* Whenever it is possible, the clinic doctor will generally recommend institutional care for cases of tuberculosis, at least those who have tubercle bacilli in their sputum. But it must be remembered that at present only a comparatively little institutional treatment is available in India. There are perhaps about 3,000 beds available in special tuberculosis institutions, while Dr. C. Frimodt-Møller estimates that about 390,000 are required if India is to come up to the standard of certain of the more advanced European countries. If, however, it is possible to obtain a bed in a institution, it may often be the work of the nurse to support the advice of the doctor, and through her tact and personal influence prevail upon the patient to undergo such institutional treatment. There is often the greatest reluctance on the part of a patient to go into an institution, and it may need great persuasion to overcome this. The more institution beds come into existence, the more will grow to be the work of the nurse in India in this respect. Isolation of the infective patient is without doubt one of the foremost ways in preventing the spread of infection, and so this part of the work of the nurse is very important.

(3) *Domiciliary supervision of families with an active case of tuberculosis in the home.* For a long time to come the majority of tuberculous patients will have to be treated at home, because of lack of beds in institutions, and for this reason the Tuberculosis Association of India has sponsored the scheme of organized home treatment. In this, the nurse has a large part. She has to visit the home frequently for several reasons. She must see that the patient understands and carries out the instructions of the doctor with regard to taking rest, eating proper food, taking medicine, and so on, and give such nursing care as cannot be given by the relatives of the patient.

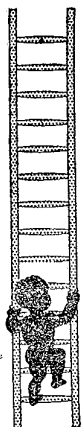
The prevention of spread of infection to other members of the family is also part of the work of the nurse. It will largely fall on her shoulders to see that the patient, wherever possible, sleeps in a separate room or veranda, and often this will mean

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great patience and perseverance. Such things as proper care and disposal of sputum must be taught by the nurse, and she will have to know the simple and cheap methods of doing this. There are many other things, details of which cannot be mentioned here, but part of the work of the nurse may be summed up as teaching the patient a safe and sanitary way of living, so that he is not a danger to his family, his friends, or his neighbours, even if he does stay in his own home.

Besides this part of her work, the nurse has another rather different part, and that is to be friend, philosopher and guide to the family. The long illness of the patient may mean a great burden on the resources of the family, specially if the patient is the breadwinner. This is often the hardest problem the family has to face, and often it is possible for the nurse to offer real help. Where a clinic is properly run, it will have a Care and After-Care Committee, and the nurse, who will know the condition of the family far better than even the doctor, can bring the needs of the family before the Committee. In some places there are relief associations, such as, for example, the Marwari Relief Association in Bengal and the Friend-in-Need Association in Madras, and it may be possible for the nurse to bring patients or their families into contact with these associations, or sometimes with private benefactors.

(4) *Following up all contacts of cases.* Once a patient has been diagnosed as tuberculous, especially if the patient has a positive sputum, it is of the utmost necessity that other members of the family who have been in close contact should be examined by a competent doctor, preferably by a tuberculosis specialist. In this way it is often possible to find persons who have tuberculosis but who may not have even suspected it. A few of these may even have fairly advanced tuberculosis, but in the majority it will probably be in an early stage, when proper treatment can give every prospect of a complete recovery. If such people are left without treatment, they will generally sooner or later break down, develop a positive sputum, and become new sources of infection.

Here the nurse has a definite part to play, namely, to persuade the various members of the family to be examined. In some places in India, this will be a very difficult task, specially in those homes where the women are not used to outside contacts, or sometimes where caste barriers are strong, or in other places where everything to do with doctors and medicine is a source of fear. If the nurse has come to be regarded as the friend of the family, it may be possible for her to succeed where no one else could, in persuading the various members to submit to examination.

(5) *Finding new cases, and survey work.* An important development in the work of the tuberculosis clinic in recent years is the search for new cases. Sometimes these are obvious, and a nurse who is at all familiar with the symptoms of tuberculosis can recognize such patients in the ordinary course of her duty and bring them into touch with proper medical treatment.

But the harder part of the work of the clinic is the finding of cases which are not obvious either to the outsider or to

themselves. This is often done by means of surveys. The technique of the survey will vary in different circumstances, but frequently there are involved a tuberculin skin test and an X-ray examination.

A great part of the success of such a survey depends on the work of the nurse or health visitor. The work carried out from the Sanatorium at Arogyavaram, Madanapalle, in the Saidapet and Vayalpad surveys amply illustrates this. In both places the homes to be visited had all been prepared by the visiting nurse first, who had the confidence of the people. If it happened that for a short time the nurse was not available, progress in the survey for that time was extremely slow and full of obstacles. It was the nurse who opened the doors of the houses to the entry of the doctors for the necessary examinations, and it was the nurse who was able to persuade the various members of the families to undergo the needle prick of the Mantoux test and to be X-rayed.

(6) *Rehabilitation of cases discharged from the treatment institutions.* Another part of the duty of the public health tuberculosis nurse is when a patient returns home from treatment in an institution. Such patients still need control and care. Some of them are apparently well, but even among these experience shows that life outside the institution is frequently sufficient to undo the good that has been gained. Figures from Madanapalle show that of the patients who have been discharged after obtaining improvement, and who can be traced for five years, 35.6 per cent. break down within that period and die of tuberculosis. Proper after-care, in which the nurse has a real share, could prevent many of these relapses. The work of the nurse is to see that the patient follows the instructions received at the time of his discharge from the institution, lives as far as possible the mode of life he has been taught there, and undergoes periodical examination as a check. She may also bring his needs to the After-Care Committee of the clinic, which may have to help the ex-patient to find suitable work, or may even have to subsidize him for a time. We are only at the beginning of this part of the work in India.

If the patient is discharged with a positive sputum, or as an invalid, the nurse's work is as has already been described when I spoke of domiciliary care.

(7) *Education.* From what has been said earlier in this paper, it must have been realized that a large part of the nurse's work is education: education of the patient, education of his family, and perhaps even further, as opportunity allows, education of neighbours. The doctors who are connected with the clinic, or with special tuberculosis work, have usually little time for this individual type of education, but the nurse can do it, and it is an important part of her work. Needless to say she herself must be educated, so that she really knows what she is talking about, and for this special training is needed.

Such are the general procedures used in the attempt to control tuberculosis, and it will have been seen that the public health nurse has a great deal to do in the whole scheme. But it is not

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every nurse by any means who is suited for this work. To a large extent the nurse is working independently even if she is under the orders of the clinic doctor; she does not have behind her a whole hospital system with all its convenience and all its protection. She has to be one who can make independent decisions, and have a personality which is able to influence people, and which makes people look up to her with respect and confidence. She has to go out to all kinds of houses, mostly in the day, but at times at night also; therefore a young woman is not so suitable, at least in the present stage of Indian thought, and she must not be one who has fears arising out of her sex, because that puts the work on a wrong basis. In many places a married nurse will be best. Even then there may arise all kinds of talk and rumour, but this is part of the burden of taking up a new branch of nursing, of the same kind as Florence Nightingale had to bear when she began her nursing.

Further, in addition to having the right personality, the public health tuberculosis nurse must have a proper training in the special type of work. This will probably best be obtained first by working for six months to one year, after her usual training, in a large tuberculosis institution, where she will learn all the special procedures connected with this disease. It must also be followed up by a health visitor's training if possible, as her work in a continuation of health visitor's work and tuberculosis work. Some time in training might be saved by running a special tuberculosis health visitors' course.

Finally, I should like to say a word about the fear of infection which hinders many from volunteering for tuberculosis work. If a nurse does volunteer and is yet full of fear the whole time, she will not be much help to her patients. A fearless intelligent attitude towards the disease is one of the most wholesome and encouraging influences possible for the patient. The fear so commonly felt is ungrounded. It is not easy for a person in ordinary good health to fall sick with tuberculosis, at least if the ordinary health precautions are observed. All over the world, in properly run tuberculosis institutions, it is well known how rarely members of the staff go down with the disease, in fact far less often than in general nursing. In Arogyavaram not one of the nurses or doctors has fallen sick with tuberculosis during the twenty-six years of its existence. Conditions, of course, are not quite so good in the homes of patients, but even then there is no reason to be afraid, provided the nurse knows how to take care of herself.

With the development of anti-tuberculosis work, a new call is coming to the nurses of India, a call in which there will be boundless opportunities for service, and it is now our duty to prepare ourselves for a work which will not only lead to the curing of a number of sick people, but which will lead to a far greater thing, the prevention of large numbers of people falling sick at all.
