

with a view to eliminate tuberculosis, many a case would be saved from the jaws of death.

Our difficulty now is where we are going to house these patients, once we have diagnosed them as tuberculous.

The number of beds available for these cases is deplorably small. Perhaps we have about 1,500 beds for the whole of India and we have only 100 for the whole of the Mysore State. Looking at the statistics for Mysore State in the year 1936 the Senior Surgeon reports that there are 4,892 deaths due to tuberculosis. Tuberculosis Associations opine that there must be one bed for one death in a place. At this rate we ought to have at least 4,000 beds for the Mysore State. It is not practical politics at any rate; just now to expect so many beds to be allotted just for tuberculosis, at least 1/10 of this would be a welcome number immediately. In the meanwhile what I would suggest is the formation of Tuberculosis Associations and Tuberculosis Clinics and most of the patients who are not admitted into the sanatorium could be given treatment at home with the Field Doctor and the Health Visitor.

NURSING IN TUBERCULOSIS

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In nursing patients suffering from tuberculosis, it is necessary to use all the general principles of nursing, but in addition to these there are some special features in tuberculosis nursing, and it is with these I specially shall deal in this paper.

First and foremost is the necessity of seeing that patients observe strictly the time-table with regard to rest and graded exercises. The whole treatment of tuberculosis is based on the alternation of rest and graded exercise varied according to the needs of the individual patients. Whatever other treatments there are given, surgical or medical, the basis of the treatment remains the same. The reason behind this rest and graded exercise is that in order to enable the patient to build up a resistance against the poisons produced by the tubercle bacilli, it is necessary to have a small amount of these poisons flowing in the blood, but on the one hand there should not be too much, nor on the other hand too little. The doctor will prescribe the amount of rest and exercise which he considers necessary for each patient to have, and it is the duty of the nurse to see that the patient faithfully carries out the orders of the doctor. This is not always easy, specially as many of the patients do not feel very sick, although they really are quite sick. Unless there is strict discipline, the orders about rest and exercise will not be kept. The patient, for example, with a little fever, will often be found out of bed and even wandering about, doing much harm to himself, and completely misleading the doctor as to his treatment. Other patients, who are feeling fairly well and are allowed some walking, may very easily be tempted to overdo their walking, again with the same unfortunate results. On the other hand, some patients may be lazy and may be tempted not to take the exercise which the doctor has ordered for them, and in this way will deprive themselves of the full benefit which they should receive from the treatment. Therefore, a great responsibility falls on the nurse, and if she fails in keeping a sense of discipline in the ward, and if she fails to help the patients to realize the absolute necessity of observing the time-table, as prescribed by the doctor, much or even perhaps all of the efforts to help the patient will be in vain. The ease with which this discipline is kept varies a great deal with the different types of patients, their education, intelligence, and upbringing. In an institution such as a sanatorium, it is possible to build up a tradition of discipline, so that even patients who normally would be very difficult to deal

with if treated as private patients, very quickly fall in with the rules and the spirit of the institution. The maintenance of this whole atmosphere of discipline and obedience falls to a large extent on the nurse who is continually moving among the patients in the wards.

The maintenance of discipline with regard to the keeping of the time-table has been mentioned first, as it is the most important part of the treatment in tuberculosis, but there is much more in the nurses' work than this. Let us now turn to some of the special points needed in nursing tubercular patients. Very often, patients with fever and very weak may have to lie in bed for many weeks or even many months, and therefore, perhaps even more than in other diseases, there is a tendency for them to develop bed-sores, unless the skin is properly cared for, by the usual methods, details of which I need not give here. The responsibility for keeping the skin in good condition lies entirely with the nurse.

Although tuberculosis is usually classified as one of the chronic diseases, it is often a very acute disease, and during the course of the disease, there may also come acute emergencies in which it is necessary for the nurse to know exactly what to do. The most common and usually the most frightening of these for the patient is sudden hæmoptysis. The prompt and correct treatment by the nurse, while the doctor is coming, may mean a difference between life and death for the patient. First, the patient must be propped up with pillows or a bed-rest and pillows, in a half-reclining position, because in this position it is easier to breathe and bring up the blood and sputum with the least effort. It is, of course, necessary to hold the sputum-cup or kidney-dish, and in every way to spare the patient as much exertion as possible. Any blood on the mouth should be wiped off with gauze, and in order to save the patient as much fright as possible, the receptacle for spitting in, should be changed frequently, and as quickly and quietly as possible to get rid of the evidences of blood. There may be given to the patient from time to time sips of salt-water made by dissolving a teaspoonful of salt in a tumbler of water. Also a dose of Calcium Chloride mixture should be given as soon as possible, by mouth. A sudden severe hæmoptysis is an ugly sight, but the nurse must never show that in her face. It is of the utmost importance that by her calm, quiet encouragement, she should support the patient till the doctor comes.

Another emergency in tuberculosis is sudden difficulty in breathing, which may be due to a number of different causes. Of course, as with hæmoptysis, the doctor is called for immediately, but while the doctor is coming, the patient is placed in a position easiest for breathing as when there is an attack of hæmoptysis (usually Fowler's position). In many hospitals it is the routine for the nurse to give an Oleum Camphor injection or a stimulant mixture as soon as possible. Here, too, the quiet encouragement of the nurse will do much to help the patient. Both in hæmoptysis and in certain difficulties in breathing, while the nurse is attending to the patient, she should tell someone to get ready the things which are usually required by the doctor for dealing with these emergencies, such as syringes and drugs for injection, possibly also a pneumothorax apparatus or oxygen cylinder.

In earlier days the treatment of pulmonary tuberculosis was almost wholly medical, but during the last twenty years the surgical treatment of pulmonary tuberculosis has increased rapidly. Such operations as artificial pneumothorax, thoracoscopy and cauterization of adhesions, phrenic nerve operations, and thoracoplasty have been seen introduced and are in use in any modern well-equipped sanatorium or tuberculosis hospital. After some of these operations, patients require special nursing, and by this I mean a special technique in nursing, observation of particular symptoms, assisting

the patient to cough out sputum, helping the patient to be in the correct position in bed, keeping the right weight for pressure on the chest, and many other details. These can only be learned by actual experience in special tuberculosis nursing. The correct nursing after the operation will help to bring the best results out of the operation, and incorrect nursing can prevent all the benefit of the operation.

There are also other aspects of nursing in tuberculosis. There is not only tuberculosis of the lung, but also of the larynx, glands, bones, intestines and other organs. There are special details in nursing connected with each of these with which it is impossible to deal in this paper. But among the various treatments there is that of Ultra-Violet Light treatment with which the tuberculosis nurse will have to be familiar.

As regard to the diet of tuberculous patients, the nurse can help a lot. Frequently, the patient has very little appetite and finds it most difficult to eat. The nurse can often help by her encouragement, and in many places can assist in serving up the food in an attractive and appetising way, and may succeed in tempting the patient to eat. By her observation of the patient it is often possible for her to suggest to the doctor changes in the patient's diet, or the adding to the diet of some article of food which the patient will enjoy.

While the special nursing of tuberculous patients has its own technique, owing to the nature of the disease and the treatments of it, the general nursing, too, is very different in many respects from the nursing of patients with an acute disease of comparatively short duration, and in the nursing of tuberculous patients there are probably many more demands on the personality and character of the nurse. It is necessary to take care of patients for months, sometimes one or two years, and it is often necessary to do the many small things over and over again, and to do them faithfully and cheerfully, and day by day showing the same sympathy and care for the patient. This calls for great perseverance and patience on the nurse's part. The right attitude of the nurse to her work will help the patients to adopt the right attitude to the general sanatorium regime.

In modern times it has been realized that nursing is not just attention to sick bodies, but attention to the whole man, mind and spirit, as well as body. There is perhaps hardly any disease in which this is so essential as in tuberculosis. It is one of the nurse's pleasant duties to help her patients to have something to occupy their minds with other than their disease. There are many ways in which this may be done, as, for example, by books, pictures, music, flowers, knitting and needlework and various other small hobbies. But while the nurse should encourage such activities she must also see that they are not overdone, so as to cause harm by unduly tiring the patient. Occupation in these ways will not only help to produce a general atmosphere of contentment and cheerfulness, but they will also help in actually reducing the length of time needed for recovering from the disease.

A nurse must also be prepared to help in other ways. Many patients come suffering from considerable shock of mind at having been found to be suffering from tuberculosis, or with many worries or family difficulties, and need real sympathy and understanding if they are to be fully helped. A mother may have had to leave her children or even a new-born baby, a young woman may have just been going to be married, a young man may have just been about to start his life's work, a father may have had to leave his family in great need and want, because there is no one to provide them with food. If the nurse can help these patients in their disappointments, fear and worries, she can help a long way towards their recovering from their disease.

There is one thing more which should really hardly need to be stated, and that is, that the tuberculosis nurse should have no fear in nursing her patients. It is quite true that tuberculosis is an infectious disease, but with proper care in the destruction of the sputum, and if the patients are in a properly-constructed ward or under open air conditions at home, there is little danger to the nurse. The wearing of masks either by the nurse or the patient, as is sometimes seen, is not only unnecessary, but is actually detrimental, as it is depressing and produces a feeling of untouchability. This feeling the patient may have experienced before coming to the institution for treatment, but he must never be made to feel it while in the institution.

What has been said so far has referred mainly to the institutional nursing of tuberculosis. But many nurses will have to look after patients suffering from tuberculosis in the patient's own home. The nurse here is often faced with far more difficulties than in the institution, as not only will she have to train the patient, but also the relatives of the patient, not by any means an easy matter very often. But the general principles of nursing are exactly the same whether the patient be in an institution or in his own home.

To sum up : nursing in tuberculosis requires the putting into practice of all the general principles of nursing, but because of the special nature of the disease, the nursing is specialized in many respects. It has been the aim of this paper to place before you, very briefly, some of the ways in which the nursing is specialized, and I would close by saying that together with nursing in leprosy and mental diseases, nursing in tuberculosis calls for all the highest qualities, professional and personal, which a nurse is able to give, and not only is able to give, but is privileged to give.

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