

We might also add a greater appreciation of, and co-operation with the means provided for his assistance in the matter of preserving the health of his family and his race.

Miss Bagley:

Tuberculosis work in New Zealand so far has only been touched as far as the nursing service is concerned. We only have three nurses doing solely tuberculosis work, that is work in between a tuberculosis clinic and the patient's own home. It is very desirable that we should have more clinics and more nurses in the large centres at any rate. Probably the work that is being done by school nurses with regard to child contacts is going to be as far-reaching in the future as any effort made in the way of preventive work as regards tuberculosis. Much more is needed among the older members of the population, and for the prevention of the spread of infection from patients who are not sanatorium cases, more work is required; work that can only be carried out by trained nurses satisfactorily. You will see from the paper that has been read on Tuberculosis amongst Maoris that that is handled, as far as possible, by the Maori Public Health nurses. It is a question of whether a good deal of the nursing work might not be done by district nurses. Now the Round Table is open for remarks from nurses.

Miss Lambie:

"As regards the situation of tuberculosis in New Zealand, although New Zealand has a higher bed rate than any other country, we have about five thousand cases in the community that have to be cared for. We want special tuberculosis nurses, that is nurses attached to a clinic, but it seems to me that the care of the actual case will largely fall on the district nurse. The clinic nurse can only act as a specialist to advise as regards the specialist's point of view. The actual daily care of the chronic patient must be carried out by the district nurse.

There is another point which Miss Smaile touched on. That is the education of the public towards tuberculosis.

There is no doubt that the nurse in contact with a patient can consider the feelings of her patient and his approach or relationship to the general public very considerably. For instance, in a home with regard to the dishes used for the patient. It is very trying to an individual to have to keep the dishes separate. It is not only inconvenient but it is difficult for the housekeeper in the home to do that. Now, if the dishes used by that patient are boiled a sufficiently long time, there is no need to keep them separate. In that way the patient is not distinguished from everyone else.

Then as regards the use of handkerchiefs. It is very difficult in a home to get a supply of rags, and of course it is very inadvisable for any person who is healthy and well to wash the handkerchiefs. In New Zealand we do not use paper in the way we might. The ordinary white paper serviette can be bought for over one hundred for a shilling. Dr. Lythe advised patients to use a rubber pouch in which to place their handkerchiefs. All these things help to make him less conspicuous among the general public.

Miss Moore:

"One thing that was not mentioned is the After-care Committee." In Great Britain and also in Paris for tuberculosis they have an After-care Committee, and through that Committee the public are educated to the fact that tuberculosis is curable as well as preventable, and that Committee is of great value to clinics. I was very much impressed with their work in Paris. The Municipality had a large block where people from the slum areas were placed. A street could be given over to a nurse. The nurse visited all those contacts and educated them in after care. Some of them had been there for eight years until they were sufficiently recovered to earn their own living, and not one of those families ever returned to the slum areas again.

Children during the day were put on the Paris walls, where they had every facility and care.