

England that is at present satisfactory; the parts are detachable and easily cleansed; the objections to it lie in its weight, its expense, and the fact that it is constructed with a view towards emptying into a drain by flushing through from a water tap; this makes it well nigh impossible to burn its contents except when mixed with much fluid. This flask should be boiled once a week, and during the night kept soaking in a basin of some disinfectant.

At night, or when a patient is confined to bed, flasks are not convenient. The aperture is too small for a drowsy patient, and an ordinary hospital spittoon of the mug and collar pattern is far better in every way. Papier-mâché ones of this type are very nice for patients who do not need to consider expense. Being waterproof a little disinfectant can be put in them before use, and the whole thing burnt in the morning.

Linen pocket handkerchiefs are an abomination for a phthisical patient. They become warm in the pocket, the expectoration on them dries, and is shaken about as dust every time the handkerchief is used. A careless patient may leave one in his pocket, and so infect his clothing.

Japanese handkerchiefs (pattern shown) answer every purpose; they are cheap, and should be burnt immediately after using. Private patients who object to the scrubbiness of paper will find squares of cheap muslin preferable.

To prevent the infection of clothing we provide patients with bags, (here a specimen was shown). You will observe two compartments, one for the reception of the flask, the other for the handkerchief. These bags are frequently boiled. Small enamel bowls are used to contain the handkerchief during the night, patients should never be allowed to put them under their pillows, or the warmth will dry any expectoration on them, and make it a source of further danger. It is amusing to observe at various private sanatoria the different methods employed to prevent patients' dinner napkins from touching, and so possibly contaminating, each other; at one institution celluloid pencil cases are used, at another linen envelopes, the latter appear more sensible, but surely Japanese paper serviettes would have been better still, for a fresh one would need to be supplied at every meal.

In private work, after the death of a patient from consumption the relatives very frequently consult the nurse as to the advisability of giving away the deceased person's clothing to the poor, and here a word of warning may prevent an incalculable amount of harm.

If the woollen clothes be thoroughly disinfected by heat, and the cotton and linen garments well boiled, there can be no danger, but it is a cruel

thing to present a working man and his family with clothes swarming with the invisible but deadly tubercle bacilli. It is impossible to say how much harm ignorant but well disposed persons may do in this respect.

In conclusion I should like to draw the attention of those interested in district work to these small pamphlets,\* which set forth clearly some elementary rules of hygiene. We have found them most useful for distribution, and many district nurses have reported them of great service, in that they explain in such simple language the great need of care and cleanliness on the part of a phthisical patient, and teach him also to avoid becoming a focus of infection amongst those with whom he has to dwell.

When every individual suffering from consumption is taught his responsibility towards his fellows, and induced to act up to what he has learnt touching prophylactic measures, then, and then only, will phthisis cease to claim its victims in our midst. Truly the nursing profession have indeed a noble share in the great work of exterminating this dread disease, which by its ravages does more to stagger humanity than any war yet waged between even the most bloodthirsty of contending nations.

#### DISCUSSION.

Miss PELL-SMITH (Leicester) said she would like to ask Miss Todd whether there was any risk to nurses in homes and hospitals for the care of patients suffering from tuberculosis of themselves contracting the disease.

Mrs. BEDFORD FENWICK drew attention to the fact that at the International Congress on Tuberculosis held in London last year a medical woman in charge of an institution for the treatment of patients suffering from tuberculosis advocated that many of the domestic duties of such homes should be performed by the patients. She would like to know what was Miss Todd's opinion on this point. The same lady also fell foul of nurses. She thought it was undesirable for a medical woman to have supervision of nurses apart from directing the treatment of the sick. When once a woman was a qualified medical practitioner there seemed to be a tendency to consider her quite competent to supervise nurses in their practical duties, apart from treatment, and she thought there was a danger here to be guarded against. It could not be too clearly understood that the course of medical education included no instruction in the duties of a nurse, and yet these duties required the skill only gained by constant practice to perform successfully. Practical nursing should be taught, and nurses supervised, only by trained and experienced members of their own profession. Another point raised by Mrs. Fenwick was whether, in the light of modern knowledge in regard to tuberculosis, it was desirable that consumptive hospitals should be maintained in the centre of smoky cities. Was there any likelihood of permanent good resulting from treatment in hospitals in large towns.

Mrs. WALTER SPENCER (London) asked what effect

\* Rules for Consumptives. Published by the National Sanatorium, Bournemouth.

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