

PRACTICAL POINTS.

Face-Masks in Tuberculosis Work. A visitor to a busy tuberculosis clinic is usually impressed by two things, says the *American Journal of Nursing*: the interest the nurses display in their patients' health, and their seeming indifference to their own. Frequently a sick patient coughs when his history is being taken or during the chest-physical, and, although he is told to cover his mouth while coughing, the instruction frequently comes after the cough. Now whether we believe with Von Behring that the tuberculous infection takes place during infancy, or not; whether we take sides with Cornet or Flüge, we must admit that



FACE MASK USED AT FLOWER HOSPITAL CLINIC, NEW YORK CITY.

scientific research has proven that tubercle bacilli may be carried five feet during a severe coughing attack. To prevent even the appearance of carelessness, as well as to teach patients the necessity for the utmost care in regard to the control of their cough and the disposition of their sputum, it is well to use mouth and nose masks during the clinic. The accompanying illustration shows a gauze mask used at the Flower Hospital Dispensary, New York City. A less expensive mask may be made by folding a square Japanese crepe doily, triangular fashion, and then holding it in place before the mouth and nose by fine loops of spool wire, that may be hooked into each corner of the base of the triangle and then looped, like spectacle ends, over the ears. Of course, each doily does duty for only one patient, but the wires may be sterilized and used at the next clinic. This gives less trouble and is cheaper than the gauze mask, which must be reesterilized after each

using. At the Milwaukee, Wis., County Tuberculosis Hospital the nurses wear oblong mouth masks made of several thicknesses of gauze, three inches wide by six inches long, with a tape attached to each corner. This mask is moistened with weak disinfectant, and tied over the mouth while the nurses are giving bedside care or dusting the wards. This is an excellent scheme for nurses in contagious work, but in dispensaries the patient should be made to wear the mask.

THE NURSES' MISSIONARY LEAGUE.

PROGRAMME OF THE VALEDICTORY MEETINGS.

The Valedictory Meetings to bid God-speed to fifteen members of the above League who are sailing for the mission field, will be held at University Hall, Gordon Square, W.C., on October 4th., and the League extends a hearty welcome to all members of the nursing profession who can be present at either of the meetings, morning, afternoon or evening.

THE PROGRAMME.

MORNING SESSION (10.15 to 12.30).—Chairman: Miss J. Macfee, B.A. 1. The Ideal Nurse for God's Work at Home and Abroad: (a) Her physical and mental equipment—Mrs. Douglas Thornton; (b) Her professional work—Miss F. E. Campbell (Guy's Hospital), S. India; (c) Her spiritual life—Miss Kirkpatrick. Interval. 2. The Call of Jesus Christ: (a) The call through humanity to the nurses of the world—Miss J. Macfee; (b) The call to the individual—Rev. Austin Thompson. Intercession. Tea and coffee, 9.45 to 10.15, and during interval.

AFTERNOON CONVERSAZIONE (2.30 to 5 p.m.).—Hostesses—Mrs. Carless and Mrs. Foster. Opportunity will here be given for social intercourse between home members and those from the mission field, as well as with members of committee and other missionaries. A short address will be given by Mrs. Ashton Bond (Toro Hospital, Uganda). Tea and coffee, 2.30 to 4.30 p.m. Music.

EVENING VALEDICTORY MEETING (7.30 to 9 p.m.).—Chairman—F. Marcus Wood, Esq. The Work of the League—Miss Richardson. Sailing members speak for five minutes. Lantern Address—A. T. Kember, Esq., F.R.C.S., L.R.C.P. (Hangchow). Closing Address—Henry T. Hodgkin, Esq., M.A., M.B. Benediction. Tea and coffee, 6.45 to 7.15 p.m.

LIST OF "SAILING MEMBERS."

Miss A. E. Alldritt (C.M.S.), trained at King's College Hospital, proceeding to China as fiancée; Miss Sarah Beattie (C.M.S.), trained at Royal Infirmary, Liverpool, proceeding to Pakhoi; Miss A. M. Brown (C.M.S.), trained at General Infirmary, Croydon, proceeding to Uganda; Miss Olive Bolton (C.M.S.), trained at Adelaide Hospital, Dublin, proceeding to Kien-ning; Miss Winifred Bird (C.I.M.), trained at Leek Hospital,

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