

inside it. The precise extent to which this applies varies according to the view of the individual surgeon. At Monsall, for instance, inside a barrier gloves are used not only for the cleansing of throats, but whenever the patient is touched, as, for instance, when any nasal discharge is being removed, and even when his bedclothes are handled. For "barrier" work it is not necessary to sterilise the hands every time the gloves are put on, but merely to lubricate them with disinfectant soap; the gloves themselves stand constantly in a bowl of antiseptic lotion inside the barrier. Somewhat thicker and larger gloves than those used for dressings will suffice. In these cases it is mainly for the protection of the nurse's hands that gloves are worn, though they doubtless serve to protect the patient behind the barrier also.

The circumstances again under which the barrier is used vary greatly in different hospitals, as they are determined not only by the extent of separate ward accommodation available, but by the views of the medical staff on the comparative virulence of different infections. At Monsall, for instance, where the true "isolation" accommodation is very limited, a barrier of screens is used very freely in the general ward. The cases that certainly should be barriered are:—

Patients who are suffering from another infectious disease, such as measles, whooping-cough, or chicken-pox (though it is best for the hospital that these should be kept out altogether), and also those who have been exposed to the infection of these diseases before admission.

All patients suffering from ophthalmia of any kind, ringworm, or scabies.

Then, I personally have no doubt that it is best to "barrier" all cases of septic scarlet fever, and any one with a purulent nasal discharge, but this is not the universal practice.

Lastly, we have the cases where there is a difficulty in diagnosis, owing to the mildness of the illness. These I prefer to admit to isolation wards, but it very frequently happens that there is no room for them there, so they are treated in the general wards with a barrier. As a matter of practice, I have found this to answer very well, and though many of these children have not had scarlet fever at all on admission, I can only recollect two instances where this disease was conveyed to them.

(To be concluded.)

Attention has been directed in France to a new method of treatment of diabetic gangrene by the application of air at a high temperature and pressure.

The International Nursing Congress of 1909.

The organisers of the International Nursing Congress to be held in London in conjunction with the Quinquennial Meeting of the International Council of Nurses have already secured the Caxton Hall, Westminster, from the 20th to 23rd July, 1909, for this purpose. The whole suite of rooms has been retained, the Large Hall and ante-rooms, Council Chamber, and No. 13, Small Hall, with 14, 15, 16, 17, and 20, for the convenience of members, as committee, rest, press, and dressing rooms.

In conjunction with the Conference, it is proposed that nurses shall organise a real practical exhibit of their own work.

Already an invitation has been received for all delegates and members of Congress for a Soirée on the evening of Monday, July 19th, when a very picturesque ceremony will take place. The United Kingdom, the United States of America, and Germany now form the International Council of Nurses. Holland, Denmark, and Finland are to be affiliated next year, and we can imagine how charming will be the welcome arranged in admitting the nurses of these progressive countries to membership of the Council.

Presidents of National Councils and accredited national delegates will also be introduced to the members of the Congress at this Social Gathering, preparatory to the opening of the Congress at Caxton Hall on the morning of the 20th July.

International News.

Our readers will rejoice to know that our dear Sister Agnes Karll—the strain on whose health has been very great for many years past—has had an excellent recovery from the very serious operation which was recently performed upon her. After some weeks' rest, Sister Karll is again in Berlin, and preparing to visit various cities, Mulhausen, Strasburg, and Frankfort, in connection with the ceaseless work of the organisation of the German Nurses' Association. Meanwhile she keeps herself in close and sympathetic touch with our work here, through this Journal, and writes: "If only one could put the thoughts on paper without writing you would get a letter every week, after the Journal comes. How I enjoy being kept in touch with your doings. I enjoy most of all to read about the registration progress in the House of Lords, and of your splendid march for the vote. Best wishes to all the nice people around you."

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