apron should be of large size and should fit closely up to the collar and over the shoulders, as this region is particularly apt to be infected by discharges from the mouth and nose of patients, and, when this is so, it sometimes suffices to change the apron only. Indeed, it is often better to do this at once in the ward than for the nurse to make an expedition to her bedroom for a complete change when the opportunity arises. At Monsall the nurses employed on ambulance duty wear a hood which covers the hair completely, and I wish that this custom could be universal in the wards also, but I believe that these hoods are not very comfortable, and I suppose that the question of appearance cannot be altogether ignored. Certainly it is much to be desired on surgical grounds that a head-dress could be devised which would cover the hair, and yet be æsthetically possible. When the nurse is actually engaged in the cleansing of throats or during dressings, the dress should be completely covered with a waterproof sheet or apron, but I am convinced that more harm is done in regard to the infection of the nurses' clothing by unrecognised contamination than during any procedure in which this is known to be possible. Whenever necessary, the clothing of the nurse is still further protected by a washable gown, which is kept near the patient for whom special precautions are taken, and is so constructed that it can be easily slipped on and off. It has been often advised that the nurses from different wards should not be allowed to mix together in the sitting-rooms and at meals, but in many hospitals this separation is impossible, and, in this case, I have never been able even to suspect this custom as a source of infection. I do not, of course, say that infection in this way cannot occur, but there are many other sources to which the attention of the nurses may much more profitably be directed.

We now come to what is undoubtedly by far the most important point of all—namely, the necessity for the protection of the hands of the nurses from infection. The reasons why this is important are as follows:—

(a) Hands are more frequently infected than any other part, because they come in contact with the micro-organisms from the patient more frequently and more intimately.

(b) Having been thus contaminated, the infection cannot be easily removed from them. Whatever method be employed, at least ten minutes must be spent in the process, and frequent sterilisation by any method makes almost all skins hard and chapped. To "disinfect" the hands either by pouring water on them from a spray or a tap, or by immersing them for less than five minutes in any disinfectant solution whatever, is not only useless, but is harmful, in that it gives the nurse a false sense of security.

The comforting reflection that either of these is all that there is time for does not have any effect whatever on the germs themselves.

Fortunately there is not any necessity for repeated complete sterilisation of hands in the routine ward work—and anything short of this is simply a waste of time—inasmuch as it is always possible for the nurse to put on recently boiled rubber gloves. We have, therefore, only to consider when these should be worn in scarlatinal work. On this point there would probably be some difference of opinion in details, but we will take first the occasions on which the wearing of gloves is imperative, and then those when it is desirable. The imperative occasions are:—

(a) During the cleansing of throats. Here the hands are first sterilised thoroughly by rubbing in soft soap first, and then applying a nail brush and hot water. The nail brush must be rendered itself aseptic by being kept in a solution of an adequate disinfectant—say, 1 in 200 Izal—after having been boiled. The hands are next rubbed lightly with turpentine, and then thoroughly with a swab soaked in methylated spirit. The spirit is the more important of the two, and if the hands are visibly clean to begin with the turpentine may sometimes be omitted. The hands are then lightly lubricated with disinfectant soap and the gloves put on. After one patient has been treated, the gloved hands can be made quite safe again by holding them under a good current of water from the tap, followed by immersion in a disinfectant solution. In this way a large number of throats may be treated with absolute safety to the patient and without damage to the hands of the nurse.

(b) During the performance of dressings. Here, again, a series may be undertaken, one after another.

The use of gloves under these two conditions is taken for granted as a standing order, but in addition they are required whenever a case is "barriered."

The barrier may be a glass cubicle, or partition, or a circle of disinfectant screens, or a small isolation ward, or merely a coloured cord stretched across the foot of the bed, as at the Plaistow Hospital; but, whatever its nature, it stands not so much for the protection of the air (for a disinfectant screen does this only partially and a coloured cord not at all), as for the fact that rubber gloves must be freely used.