

THE BARRIER.

This is a system of preventive nursing in which cases suffering from other fevers than the one proper to a ward are nursed in it by the ordinary staff. Each barriered bed is a unit. It is equipped with everything required for treatment, nursing, and toilet, the articles being in or on an enamelled iron locker with glass shelves, and, in most instances, also on a glass shelf fixed to the wall. Each article has its allotted place. A tripod stands near the bed and holds a disinfecting basin, which is used by the nurse before she goes to the bed, and again as she leaves it; her hands are regarded as the most likely vehicle of infection. At the foot of the bed two movable standards are placed, with a cord stretching between them. This is, specifically, the barrier. While not in the way of the nurse, it marks a line within which she must not go without putting on a barrier gown to protect her uniform. The regulation cap covers her hair, so that no precaution is necessary in this respect.

With several cases barriered in the same ward, a large number of articles have to be handled and kept stringently apart from those belonging to other isolated patients and from the general equipment. Hence, method is of first importance in barrier nursing. Aseptic and antiseptic precautions are taken, and the work may be compared with that of an operating theatre, with the difference that it goes on continuously. The following diseases are con-

trolled by the barrier:—Diphtheria; Mumps; Rubella; Typhoid Fever; Septic Rhinitis and Sore Throat; Vincent's Angina; Ringworm, Impetigo Contagiosa and other spreading skin affections; Trachoma; Purulent Ophthalmia; Infective Vaginitis; and Syphilis. Although commonly successful in Scarlet Fever, it is not absolutely reliable in this disease. Chicken-pox and Measles are not controlled. If it be a fact, however, that the last three diseases are not aerially conveyed, their control is probably only a matter of time, as minor improvements in the barrier system are constantly being devised.

We are indebted to Miss Drakard, Matron of the Plaistow Hospital, E., for the illustration on this page of a nurse in a barrier gown, reproduced from a photograph taken specially for this Journal, and to Dr. Biernacki, the Medical Superintendent, for the foregoing description of barrier nursing.

Miss L. Gertrude Armstrong, R.N., describes in the *American Journal of Nursing* a room improvised as an operating-room in a private house.

The walls are draped with sheets, thus covering the pictures, and also intensifying the light. If there is time, the carpet is removed, otherwise the floor is covered with sterilised sheets which are also placed round the field of operation just before it takes place. Operating table, stand for dressings and instruments, anaesthetic stand, etc., can all be adapted from ordinary articles of household furniture covered with sheets. The value of this method is obvious.



NURSE WEARING BARRIER GOWN.

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