the finger tips, thus interfering with the sense of touch. The cuffs of the gloves were turned back before sterilizing, and the gloves were placed in a cloth cover. The surgeon removes the sterile cover from the gloves (Fig. 2), takes

Fig. 4.—METHOD OF PICK-ING UP SECOND GLOVE.

Notice that the sterile glove on the hand does not touch any but a sterile surface of the glove being put on. By inserting the gloved fingers under the turned-back cuff, the right hand places the glove on the left hand without touching the surface of the skin. one glove by the turned-back cuff, and readily pulls it on if the hand has been freely powdered (Fig. After one glove is adjusted, and before the cuff is rolled back, surgeon lifts the other sterile glove by slipping the fingers of the gloved hand under turned-back the cuff (Fig. 4). By this method only the external surfaces of the gloves come into contact.

After the second glove has been put on, the cuffs are turned back over the sleeves of the gown (Fig. 5) by pulling up ward with the fingers under the external

surface of the glove. Notice that the sleeve of the gown is folded in a plait to make a smooth surface under the glove. After both cuffs are

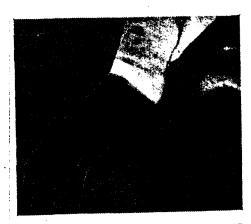


Fig. 5.—HOLDING A FOLD IN THE SLEEVE OF THE STERILE GOWN AND DRAW-ING BACK THE CUFF.

Observe that here again only the external surfaces of the gloves come in contact.

adjusted, sterile rubber bands are drawn over the hand and placed near the upper edge of the glove to hold the sleeve and glove from drawing apart (Fig. 6).



Fig. 6.—PUTTING ON STERILE RUBBER BANDS TO HOLD THE SLEEVE OF THE GOWN AND THE CUFF OF THE GLOVE FROM SLIPPING.

The efficient care of rubber gloves is a question which intimately concerns every nurse, and we feel sure that our readers will appreciate, and profit by, the above article, and the pictures which so clearly illustrate the text.

THE DANGER OF UNTRAINED NURSING FOR THE SICK AND WOUNDED TROOPS.

As reported in our last issue, the Resolution passed at the Annual Meeting of the National Council of Trained Nurses of Great Britain and Ireland, expressing its opinion that the standard of nursing for the sick and wounded should be of the highest quality in military auxiliary hospitals, and petitioning the Secretary of State for War to prevent the expenditure of public subscriptions in inefficient nursing, and the dangerous interference of untrained and unskilled women, was sent to Lord Kitchener. In reply, a letter has been received from the Director-General of the Army Medical Service, asking that evidence in support of the Resolution shall be placed before him. Mrs. Bedford Fenwick, President of the National Council, is preparing the evidence on the question, and will submit it to the Director-General in due course. Any further evidence of the lack of efficiency and discipline resulting from the employment of untrained women in institutions which receive sick soldiers, which readers of this Journal desire to submit, may be sent to Mrs. Fenwick at 20, Upper Wimpole Street, London, W.

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