

MINISTRY OF HEALTH

*Central Health Services Council*

*Standing Nursing Advisory Committee*

REPORT OF A SUB-COMMITTEE  
ON THE  
DESIGN OF NURSES'  
UNIFORMS



LONDON

HER MAJESTY'S STATIONERY OFFICE

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Mr. T. H. Carruthers was Secretary of the Committee until December 1957 when he was succeeded by Mr. S. G. Mackenzie.

\* Miss K. G. Douglas ceased to be a member in 1957 and was succeeded as Chairman by Miss M. J. Smyth.

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# CENTRAL HEALTH SERVICES COUNCIL

*Standing Nursing Advisory Committee*

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## REPORT OF A SUB-COMMITTEE ON THE DESIGN OF NURSES' UNIFORMS

### INTRODUCTION

1. The Sub-Committee was appointed on 23rd November 1954, with the following terms of reference:

"To consider the question of the design of the uniforms worn by hospital nurses from the standpoint of economy in wear and in laundering, and with the due regard to the fitness of the uniform for its purpose and to the attractiveness of its appearance; and to report to the Committee."

We met on twelve occasions and now submit our report.

### ACKNOWLEDGMENTS

2. As a starting point we had before us copies of the Report on the Design of Nursing Uniforms adopted by the Newcastle Regional Hospital Board on 7th May 1954, which we acknowledge to have been of great help to us. We agree with most of the suggestions made in the Newcastle report many of which we have repeated believing that they should be more widely known.

3. We had the invaluable help of Walter Crowther, Esq., M.B.E., W. Brown, Esq., M.Sc., and A. J. Brown, Esq., M.B.E., who kindly agreed to join the Sub-Committee to advise on materials, laundering and garment development respectively; we are particularly grateful to them for carrying out tests and experiments in their respective fields.

4. We wish to acknowledge the ready help given by the Admiralty, the War Office, the Post Office and Ministry of Supply, in making available to us the results of their experiments in connection with the use of various materials.

### GENERAL CONSIDERATION

5. We decided at first to limit our consideration to indoor uniforms worn by hospital nursing staff, excluding items of protective uniform worn by those employed in special departments, e.g., operating theatres, but, as a result of letters received from the public on the question of outdoor uniform we considered the matter and have made a recommendation.

6. We have come to the general conclusion that the greatest saving in the cost of nurses' uniforms can be achieved by designing the various items to reduce laundering costs and by selecting suitable material by sound specification rather than by price.

7. We do not recommend that a standard uniform for nurses should be adopted by all hospitals as it is appreciated that many will wish to retain individuality in certain aspects. Neither do we consider it to be necessary or desirable to suggest any radical alteration in the traditional style of uniform worn by nurses, which we believe is prized by the profession and accepted and admired by the general public. On the other hand we hope that, whilst preserving the principle of individuality, our recommendations may lead to such modifications in design as will result in economies. Furthermore we consider that economy could be effected by having uniformity in styles and colours for different grades of nursing staffs within a group of hospitals.

8. We have given a great deal of consideration to the part played by tradition in this matter, and are sure that this question cannot be set aside lightly. Many of the traditions which influence the design of certain items of uniform, in particular caps, have deep roots and are cherished by the profession. Caps of expensive and traditional design are not in general use however and any additional cost which their limited use represents cannot be substantial. In the view of our expert members, however, the heavy cost of goffering is quite disproportionate to its value.

9. A number of hospital authorities kindly supplied us with the cost and other details of uniforms issued to female nurses; this information is summarised in Appendix I. It is clear from the replies that hospital authorities are themselves giving a great deal of thought to the question we have been asked to consider. A study of this Appendix shows remarkable variations in many respects between hospital groups and between categories of hospitals within groups; the variations were greater than we thought might be the case. Although many of these matters are not within our terms of reference, they seem to us to be of such general interest as to warrant inclusion in the report. Whilst not wishing to interfere with the employing authority's discretion it seems to us that there are certain matters, e.g., the numbers of various items of uniforms issued to each nurse, on which there should be reasonable uniformity. We suggest that hospital authorities in consultation with hospital nursing staff, might usefully consider this possibility. In our view the information reveals examples of inadequate as well as excessive issues of certain articles of uniform.

10. We should like to recommend for female nurses the following items, which should be replaced as required, as a minimum requirement:

- 4 dresses and belts
- 14 aprons
- 6 collars
- 6 pairs of cuffs, if detachable.

In view of the widely varied practice in the wearing of caps, no recommendation is made regarding the number to be issued.

11. The responsibility for the supervision of nurses' uniforms normally falls on the matron with the full support of the senior staff and we considered, although the matter was not entirely within our terms of reference, that a person to whom the matron might delegate the responsibility should be someone who was in daily contact with the nurses.

## THE NURSES' UNIFORM

12. We set out below our recommendations and some of the considerations which have influenced us:

## General

13. There is a considerable advantage in the practice adopted by some manufacturers of supplying to hospitals ready-made dresses in two parts, a bodice and unhemmed skirt, which can be adapted to individual requirements before being made-up in the hospital's sewing room.

14. We recommend that ready-made dresses supplied in this way should be laundered before the hem of the skirt is sewn down, and bodice and skirt joined.

15. Hospital authorities before buying dress material for making-up in the hospital, should ensure by reference to the manufacturers that it is fully shrunk to a tolerance of  $\pm 1\%$ . This applies equally to linings and facings if of a different material. The practice of laundering material before making-up is not advised as calendering tends to stretch the material and thus defeats the object.

## Design of the Dress

16. Dresses with gored skirts are more economic to launder than those with tucks and gathers and from this aspect the ideal dress is one which will lie flat and thus can be completely finished on presses. The main difficulty is the inset of the sleeves; attached collars also lead to laundering difficulties.

17. We have come to the conclusion that the most economical design of dress is of the coat-frock style, with gored skirts. The description of such a dress is given in Appendix II, and is illustrated in Plates I and II. This dress is, in our view, both attractive and economical from a laundering point of view and we recommend this basic design for consideration. Desirable fullness may be lost if the hem is turned up to any considerable degree in altering the dress to suit a short person.

## Caps

18. A cap is a badge of office and serves to distinguish nursing staff from other hospital staff who wear uniforms; it is looked for by patients, doctors and the general public. Many of the caps at present worn do not completely cover the nurse's hair, though when properly worn help to keep it in order. Taking all these matters into consideration we consider that a cap should remain a part of the nurse's uniform.

19. The cap should be of simple design and when open should lie flat. Organdie and fine cotton which require heavy starching and hand finishing should be avoided. One of our expert members undertook experiments in the use of a synthetic material capable of permanent pleating for making a more complicated type of nurse's cap with a view to saving laundering costs, especially that of hand finishing. The experiment was abandoned when the material was found to be unsuitable for the purpose.

## Collars

20. We consider that a collar adds to the attractiveness and finish of a dress, and have given some thought to the respective merits of detachable collars and those attached to the dress, and also to the extent to which they should be starched.

21. We consider that detachable collars are preferable from the point of view of saving on the cost of material and laundering. If such collars are "set", instead of being fully starched (i.e. set with the minimum amount of starch required to avoid undue creasing during wear) their life will be lengthened and the use of more than two thicknesses of material can be avoided. Detachable

collars should be provided with button-holes and should be attached to the dresses by studs or buttons—not pinned.

22. When the collar forms part of the dress it is usually necessary to change the dress frequently if a smart appearance is to be maintained, whereas with the use of a detachable collar which can be changed as required, a dress can be worn for a longer period (see para. 31 below).

23. We do not recommend the use of fully starched collars (which are usually made of three thicknesses of material) and although they remain cleaner longer than those which are unstarched or "set", they have two disadvantages—(i) abrasion occurs where the edge of the collars meet the dresses and (ii) the starching and finishing processes substantially reduce their life and increase laundering costs.

### Cuffs

24. If white cuffs are worn with short sleeves they should be detachable and "set" in the same way as collars.

25. We consider that the use of two stud buttons is a satisfactory method of attaching detachable cuffs to the dress. An alternative to the detachable cuff is often a double turn back of the same material. The turn back should be left free to allow for easy pressing.

26. We were divided on the question of "frills" for wearing over rolled-up sleeves but do not wish to condemn their use. Where they are worn, however, they should be laundered by the hospital authority and care should be taken to ensure that they are always clean and crisp in appearance.

### Sleeves

27. Although we think that in general short sleeved dresses are most suitable for the majority of staff, not only because they are actively engaged in work requiring short sleeves, but also because of the consequent saving in the cost of material, we realise that in some hospitals, particularly those where staff have to work in cold places, long sleeved dresses may be more practicable. Hospital authorities should, therefore, consider carefully whether the advantages of short sleeves are outweighed by the conditions under which nursing staff are required to work, and we think that in considering this matter they might with advantage take into account the wishes of the staff concerned. In any event we do not think length of sleeves should necessarily be related to rank or status.

28. Where long sleeves are worn they should be provided with a vent of sufficient length to facilitate rolling up, and where it is necessary for cardigans to be worn they should be uniform in design and colour and easily washable.

29. We do not consider "half sleeves", viz., those which are detachable at the elbow, to be practicable; not only do they represent additional laundering items, but single ones become lost and are difficult to replace by another exactly matching in colour; moreover they tend to tear away from the top of the sleeve if pinned on.

### Overall Dresses

30. Some hospitals provide white overall dresses as nurses' uniform in lieu of the more usual dress and apron. We consider that as it would be necessary for the nurse to wear a clean one each day, such provision is uneconomical in that the additional laundering costs would be substantial.

### Aprons

31. We regard aprons as a hygienic necessity as well as a means of ensuring that uniform dresses remain clean as long as possible. Like all protective clothing, aprons should be worn only when the nurse is on duty.

32. The use of long straps should be avoided as they constitute a laundering difficulty (in that they have to be "netted" during the process) and the bib should be secured to the bodice of the dress by buttons or studs, thus avoiding pinning with risk of damaging the material and reducing the life of the dress.

33. A well designed apron, based on models provided through the courtesy of the Secretary of the Board of Governors of the United Bristol Hospitals and the Matron of the Bristol Royal Hospital, is illustrated in Plates III and IV. It will be observed that the bib is fastened by stud buttons to the bodice of the dress. Neatness at the back is ensured by a small loop of dress material at waist level through which one band passes before being buttoned.

34. We consider it important for the sake of appearance that in wear the apron should be the same length as the dress.

35. We are advised that in laundering, aprons of simple design may be finished at three times the rate required for aprons with pleats and long straps. In any case the design should allow them to be completely finished on presses.

### Belts

36. Belts give an attractive and finished appearance to the uniforms and can be a means of denoting status. Where a dress belt is worn outside the apron it should be wide enough to cover the apron band completely. We consider that where belts are used they should be capable of withstanding normal laundering treatment, and should be washed as frequently as the dress.

## MATERIALS

37. We have given careful consideration to the use of nylon and similar material, for nurses' uniform dresses. It may well be true that a nylon dress has a longer life than that of its cotton counterpart and as a result of the introduction of an opaque basic material, capable of being produced in different colours and designs, the disadvantage arising from its earlier more transparent appearance has now disappeared. When considering nurses' dresses, however, against these advantages must be offset certain disadvantages in comparison with the traditional all cotton dress. Nylon generates static electricity, has a tendency to attract dirt and therefore to soil easily, needs more careful laundering and in particular may require special washing techniques, and if a good appearance is to be maintained requires more careful pressing.

38. We understand that the Ministry's Electrical Safety Engineers have carried out a considerable amount of research into the problem of static electricity generated by nylon (and these tests are continuing) and that the Ministry's medical advisers are of the opinion that the wearing of nylon dresses in operating theatres or at other anaesthetising locations leads to unwarrantable risks of explosions which should not be taken. In their recent Report the Working Party on Anaesthetic Explosions recommended that operating theatre staff should wear a close fitting outer garment of an anti-static fabric, e.g., cotton, linen, viscose rayon. We understand that while the risk of explosion from wearing nylon underclothes in operating theatres is reduced to a harmless level when they are worn near to the body and are completely covered as

recommended in the Report, the degree of risk is much greater with a loose fitting garment such as a dress.

39. Taking all these matters into account we recommend that materials likely to generate static electricity such as nylon, terylene and acetate rayon should not, at their present stage of development, be used for nurses' uniforms.

40. We are informed that as a means of saving dollars on importing cotton, the Ministry of Health asked certain hospitals to carry out user trials of nurses' uniforms made from materials consisting of a mixture of cotton and viscose rayon staple. Materials were supplied by the manufacturers and dresses were made up to the hospital's own design. Bolts of material sufficient for making up (in the hospital's own workroom) three dresses each for six nurses were supplied. Hospitals were selected in different parts of the country so as to have the benefit of any differences in water, laundering, etc.; the tests covered a period of approximately one year.

41. We have studied the result of these trials, as well as similar trials carried out by the Supplies Division of the Post Office and the Clothing and Stores Trials Establishment of the Ministry of Supply. Our expert members have kindly carried out additional tests on the materials used in the Ministry of Health experiment.

42. On the results of these tests we have every reason to believe that material consisting of one-third viscose rayon and two-thirds cotton will stand up to wear and tear equally as well as all cotton material, with the added advantages of better appearance and draping qualities and that it is likely to cost 4d. to 5d. a yard less.

43. The weakness of the mixture material lies wholly in its wet strength which, in general, is lower than in the case of all cotton. It is, however, generally agreed that for dresses it is preferable to have a material having a better dry than wet strength, as most of the wear and tear occurs during the wearing, although the effects of perspiration should not be overlooked.

44. We understand that as a result of the performance trials and laboratory tests which have been carried out the Ministry of Health have recommended a British Standard for material which if agreed and published will be available to all hospital authorities. It is anticipated that the Standard will include dress material for nurses' uniforms.

45. As regards colour, the dye used should be fast to washing and to rubbing in order to avoid white marks which often develop in the laundering and pressing processes. This is particularly important where coloured status markings are incorporated in the design of white coats. We are advised that dyes of the Caledon class are more expensive but faster than those of the Hydron class and that yarn pressure dyeing is more expensive but gives a deeper and faster dye than piece dyeing.

## MAKING-UP

46. We have examined a copy of a British Standard for the sizing and making-up of Overalls and Uniforms for the Medical and Nursing Profession and for Domestic Staffs, and have observed that the document deals with general requirements and standards of manufacture in connection with, e.g., sewings, seams and turnings. Accordingly we have not considered this aspect of design, except as indicated in the description in Appendix II.



## FOOTWEAR

47. We consider that lace-up shoes should be worn with uniform; they should be of leather with rubber heels.

## OUTDOOR UNIFORM

48. Outdoor uniform should consist of a long cape or coat and a hat. We consider that hospitals should not be expected to provide this free of charge to non-resident staff but that such staff should have the opportunity to purchase it if they so desire.

49. In the case of resident staff who live at a distance from the hospital, or who are required to travel from hospital to hospital in the course of their duties we consider that outdoor uniform could well be provided from a pool. The pool need not be extensive but care should be exercised to ensure that an adequate size range of garments is stocked. We consider that the uniform cape or coat could most usefully be a lightweight waterproof garment with a separate warm lining which could be attached or detached to suit variations in the weather. Corridor or annexe capes should not be worn as outdoor uniform. Adequate provision should be made for cleaning outdoor uniform and corridor capes.

50. The untidy appearance created by the wearing of non-uniform coats over indoor uniform has been brought to our notice and we feel that to some extent this practice may be the result of inadequate changing room facilities. We feel that hospitals could with advantage review their arrangements for the provision of changing rooms.

51. Our main recommendations are summarised below:

### SUMMARY OF RECOMMENDATIONS

#### General

- (i) Neither a standard uniform for all hospital nurses, nor any radical alteration in traditional style is recommended (paragraph 7).
- (ii) Hospital authorities might usefully consider the possibility of greater uniformity in certain respects, e.g., the numbers of various items of uniforms issued to nurses (paragraph 9).

#### The Nurses' Uniform

- (iii) As a basic design, a coat-frock style of dress is recommended. A prototype is illustrated in Plates I and II and a description is given in Appendix II.
- (iv) Where a dress with a waist seam is chosen there is an advantage in purchasing it in two parts (bodice and unhemmed skirt) which should be laundered before the hem of the skirt is sewn down and the two parts joined (paragraphs 13 and 14).
- (v) Dress material bought for making-up in the hospital should be guaranteed shrunk to a tolerance of  $\pm 1\%$  and the practice of laundering material before it is made-up should be avoided (paragraph 15).
- (vi) A cap should be part of the uniform; it should be of simple design

and when open should lie flat; organdie and fine cotton should be avoided (paragraphs 18 and 19).

- (vii) Collars should be detachable, "set" with starch and fastened to the dress with buttons or studs and not pinned (paragraphs 21 to 23).
- (viii) White cuffs worn with short sleeves should be detachable and "set" in the same way as collars (paragraphs 24 and 25).
- (ix) Cuffs made by a double turn-back of the dress material should not be sewn down (paragraph 25).
- (x) Short sleeved dresses are generally suitable for the majority of staff but local working conditions should be taken into account (paragraphs 27 to 29).
- (xi) Aprons are regarded as a hygienic necessity; long straps should be avoided; the bib should not be pinned to the dress and the design should be simple. A well designed apron is illustrated in Plates III and IV (paragraphs 31 to 35).
- (xii) Belts are regarded as essential when aprons are not worn; their wear over aprons is optional. In either case they should be washed as frequently as the dresses (paragraph 36).

#### Materials

- (xiii) Materials likely to generate static electricity should not be used for nurses' uniforms (paragraphs 37 to 39).
- (xiv) There is evidence that material consisting of one-third viscose rayon and two-thirds cotton will stand up to wear and tear equally well as cotton with the added advantages of better appearance and draping qualities and it is likely to be cheaper in price (paragraphs 40 to 42).
- (xv) The Ministry of Health have recommended a British Standard for material for nurses' uniforms which, if agreed, will be available for all hospital authorities (paragraph 44).
- (xvi) Dyes should be fast; yarn dyed material is preferable to piece dyed material from the viewpoint of fast dye (paragraph 45).

#### Footwear

- (xvii) Lace-up shoes should be worn with uniform; they should be of leather with rubber heels (paragraph 47).

#### Outdoor Uniform

- (xviii) Non-resident staff should be afforded the opportunity to purchase outdoor uniform (paragraph 48).
- (xix) Resident staff should be provided with outdoor uniform where necessary (paragraph 49).
- (xx) The uniform should take the form of a lightweight waterproof garment with a detachable lining (paragraph 49).
- (xxi) Annexe capes should not be regarded as outdoor uniform (paragraph 49).
- (xxii) Hospitals should be asked to review their arrangements for the provision of changing room facilities for non-resident staff (paragraph 50).

## APPENDIX I

*Summary of Information on Female Nurses' Uniforms supplied by 20 Hospital Management Committees in 4 Regional Hospital Board Areas in England and Wales*

## 1. Dresses

(a) It was apparent that arrangements for providing uniform dresses for the different grades of female nursing staff varied considerably. Several groups supplied ready-made dresses for all grades, others for junior staff in which case senior staff were supplied with made-to-measure dresses. The practice in the ten Hospital Management Committee Groups which gave details for each grade of staff is given in Table I.

TABLE I

Grade	No. of Groups supplying made-to-measure dresses	No. of Groups supplying ready-made dresses
Ward Sister ... ..	5	5
Staff Nurse ... ..	2	8
Student Nurse ... ..	1	9
Enrolled Assistant Nurse ... ..	1	7*

\*No details of Enrolled Assistant Nurses' dresses supplied by 2 Groups.

(b) There were also wide variations in the cost per dress both as between made-to-measure and ready-made and between those in each category, but the initial issue of three per nurse appeared to be fairly general. The position is shown, grade by grade, in Table II.

TABLE II

Hospital Management Committee No.	SISTERS				STAFF NURSES			
	No. of dresses issued	Whether ready-made or made-to-measure	Cost per dress	No. of sizes ordered	No. of dresses issued	Whether ready-made or made-to-measure	Cost per dress	No. of sizes ordered
1	3	Made-to-measure	£ s. d. 7 16 8 2 17 0	—	4	Ready-made	£ s. d. 1 7 3	4
2	—	Made-to-measure	No details	—	3	Ready-made	1 7 6	3
5	3	Made-to-measure	3 10 0	—	12*	Made-to-measure	0 19 2	—
6	2	Made-to-measure	2 2 0	—	2	Ready-made	2 0 0	—

\* White drill dresses worn without aprons.

TABLE II (Continued)

Hospital Management Committee No.	SISTERS				STAFF NURSES			
	No. of dresses issued	Whether ready-made or made-to-measure	Cost per dress	No. of sizes ordered	No. of dresses issued	Whether ready-made or made-to-measure	Cost per dress	No. of sizes ordered
			£ s. d.				£ s. d.	
10	3	Ready-made	{ 3 9 7† 1 16 0‡	6	3	Ready-made	{ 1 4 11§ 1 9 3§	6
12	3	Ready-made	1 13 0	—	3	Ready-made	1 13 0	—
13	3	Made-to-measure	2 5 0	—	3	Made-to-measure	2 5 0	—
14	3	Ready-made	1 15 6	7	3	Ready-made	1 8 3	7
15	3	Ready-made	1 18 6	4	3	Ready-made	1 18 6	4
16	3	Ready-made	2 3 6	—	3	Ready-made	1 18 0	—

Hospital Management Committee No.	STUDENT NURSES				ENROLLED ASSISTANT NURSES			
	No. of dresses issued	Whether ready-made or made-to-measure	Cost per dress	No. of sizes ordered	No. of dresses issued	Whether ready-made or made-to-measure	Cost per dress	No. of sizes ordered
			£ s. d.				£ s. d.	
1	4	Ready-made	1 7 3	4	4	Ready-made	1 7 3	4
2	3	Ready-made	1 7 6	3	3	Ready-made	1 7 6	3
5	12*	Made-to-measure	0 19 2	—	—	Ready-made	2 0 2	—
6	2	Ready-made	2 0 0	—	2	Made-to-measure	1 16 0	—
10	3	Ready-made	{ 1 4 10¶ 1 9 1§	6	3	Ready-made	1 9 3§	—
12	3	Ready-made	1 13 0	—		No details		
13	3	Ready-made	1 14 0	7	3	Ready-made	1 16 0	7
14	3	Ready-made	1 4 6	7	3	Ready-made	1 6 8	7
15	3	Ready-made	1 18 6	4	3	Ready-made	1 13 0	4
16	3	Ready-made	1 16 6	—		No details		

\* White drill dresses worn without aprons.

† Super heavy cotton rep poplin.

‡ Regatta.

§ Lined.

¶ Unlined.

## 2. Aprons

Eighteen of the Hospital Management Committee Groups provided dresses worn with aprons. Of these:

	10 issued	12 aprons
4	"	10 "
3	"	14 "
1	"	13 "

Two Groups provided coat overalls instead of dresses and aprons. In one Group, Sisters only were issued with individual aprons. Other nurses wore overall gowns while on the wards; these were issued to the wards and not to nurses individually.

## 3. Collars

Sixteen of the Hospital Management Committee Groups issued dresses with detachable collars to some or all of the staff, but nine only gave details, and these were:

6 Groups	supplied detachable collars to all grades.
1 Group	" " " " Sisters only.
1 " "	" " " " Sisters and Staff Nurses only.
1 " "	" " " " all grades except student nurses.

An issue of six collars per nurse was the most usual, but throughout the sixteen Groups the numbers varied from three (in two Groups) to twelve (in one Group).

Collars were incorporated in the dresses for all grades in two Groups and for student nurses only in two Groups.

## 4. Cuffs

Fourteen of the Hospital Management Committee Groups issued dresses with detachable cuffs to some or all of the staff, as follows:

2 Groups	issued cuffs to all grades.
7 " "	" " " " Sisters only.
5 " "	" gave details of cuffs but did not distinguish between grades.
6 Groups	issued 6 pairs of cuffs per nurse.
4 " "	4 " " " " " "
3 " "	3 " " " " " "
1 Group	gave no details.

## 5. Belts

Four Groups issued dresses having the belt incorporated. Twelve Groups issued separate dress belts to some or all of the staff, as follows:

4 Groups	issued belts to all grades.
2 " "	" " " " " " except Enrolled Assistant Nurses.
2 " "	" " " " " " Sisters and Staff Nurses only.
1 Group	issued belts to Sisters only.
3 Groups	did not distinguish between grades.
4 Groups	issued 1 belt per nurse.
5 " "	2 belts " "
2 " "	4 " " "
1 Group	3 " " "

## APPENDIX II

### *Description of the Dress illustrated in Plates I and II \**

The dress is made with a front opening extending from the neck to the hem. Twelve buttonholes are provided on the front of each forepart for detachable white stud buttons, those on the right forepart being worked in a fly attached behind the front edge. The facings of the front edges are "grown on".

The front of the bodice is seamed to give shape at the waist, the front panel seam in each forepart forming concealed breast pockets. The breast pocket on the right-hand side has a row of machine stitching to form a division for a pen. The pockets have a button at the front end which is detachable and used for attaching the bib of an apron when this is worn.

The front skirt has four panels flaring at the hem.

The back is cut with three panels shaped to the waist and flaring to the hem.

A deep hip pocket is provided in the right side seam, the ends of the pocket opening being securely machine tacked.

The short sleeves are made to finish two inches above the elbow at the forearm when in wear and measured with the arm in the bent position. If attachable cuffs are worn two buttonholes are made in the facing at the bottom of the sleeve.

The neck opening is made without a neckband but is faced with self material. The front edges of the neck opening should be rounded to allow the garment to lie flat at the point of fastening.

The semi-stiff belt of self material is stitched with parallel rows of machine stitching spaced not less than  $\frac{1}{4}$ -inch apart. Both ends of the belt are provided with two buttonholes which are spaced  $2\frac{1}{2}$  inches apart. The belt is of sufficient width to cover the apron waistband.

A belt loop is provided at the centre back waist which is box-stitched to the garment for a distance of  $\frac{3}{4}$  inch and which should be securely stayed at the point of attachment.

All raw edges of seams are overlocked to prevent fraying of material.

All buttonholes are stayed with a white cotton fabric.

All seams are plain and made on a lockstitch machine, with not fewer than twelve stitches to the inch.

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\*The dress was produced for the Sub-Committee by E.O. Smith & Co. Ltd., Nottingham



PLATE I



PLATE II



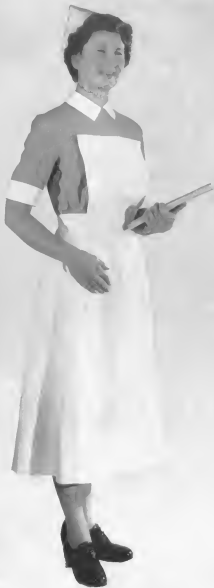


PLATE III





PLATE IV