was a rounded movable bony prominence (Fig. 1) which was taken to be a dislocated semilunar bone. The wrist appeared to be partially dislocated outwards (Fig. 2). The joints were all very stiff and were forcibly moved under an anesthetic. Energetic massage and passive movements were then employed and three weeks later, as the dislocated bone was interfering with the functions of the median nerve, it was removed through a small incision. It required little bone was interfering with the functions of the median nerve, however, was too recent at the date at which the skiagram accident, is as follows. The shoulder-joint is now normal; the wrist-joints were all very stiff and were forcibly moved under an inner half of the scaphoid bone (Fig. 3) and showed a clean cut fractured surface on its outer side. The outer half of the bone apparently remained in articulation with the trapezium and trapezoid. The wound healed by primary union.

The present condition of the limb, eight months after the accident, is as follows. The shoulder-joint is now normal; the elbow-joint allows of flexion to within 10 degrees of the normal and of complete extension. There is absolutely no movement at the radio-ulnar joints and apparently the two bones are firmly fixed together by a bridge of callus (which, however, was too recent at the date at which the skiagram was taken to show a shadow). It has not been considered wise to suggest any operation to ameliorate this condition of affairs, as the patient has a very useful limb and is the subject of granular kidney of some severity. The wrist-joint permits flexion and extension through a range of about 15 degrees and lateral movements through about 25 degrees.

The movements of the fingers are still not completely restored, especially at the metacarpo-phalangeal joints, but the patient can use them for any but delicate manipulations. This stiffness, which no longer diminishes under the influence of active and passive forcible movements, is at least partly due to the abnormal course of the tendons which have been displaced from their proper grooves by the disjointed lower end of the radius. Sensation in the fingers is completely recovered. It has seemed to me to be worth while to publish this singular accident because in none of the cases recorded and quoted above has the scaphoid bone been cleanly fractured or cut fractured surface on its outer side. The outer half of the bone apparently remained in articulation with the trapezium and showed a clean cut fractured surface on its outer side.

The use of rubber gloves in medical wards.

In these days of ready invention a glove, I think, might be devised which should be impervious to fluids, and yet so thin and pliant as not to interfere materially with the delicate sense of touch required in these manipulations. One such glove, if such shall ever be fabricated and adopted, might well be sacrificed to the safety of the mother in every labour.1

The above paragraph from the writings of Sir Thomas Watson, published towards the end of the first half of the last century, is a strong plea for the use of gloves in the prevention of puerperal sepsis. 2 Indiarubber was then, however, in its infancy as an article of commerce and it was not until nearly 50 years later that Halsted, in 1889, first made use of rubber gloves in his surgical technique.3 In 1894 the subject became of general interest and by 1900 most European and American surgeons were using gloves in their practice. So much has been written during the past ten years by such men as Mikulicz, Manteuffel, Keen, Robb, McBurney, and hosts of others, and the use of gloves has become so extensive in surgery, obstetrics, and pathology, that there is little left to be said upon the subject from the point of view of these branches of the profession. The value of rubber gloves to the medical man, however, is so slight as to be said upon the subject from the point of view of these branches of the profession. The value of rubber gloves to the medical man, however, is so slight as to be said upon the subject from the point of view of these branches of the profession. The value of rubber gloves to the medical man, however, is so slight as to be said upon the subject from the point of view of these branches of the profession. The value of rubber gloves to the medical man, however, is so slight as to be said upon the subject from the point of view of these branches of the profession. The value of rubber gloves to the medical man, however, is so slight as to be said upon the subject from the point of view of these branches of the profession. The value of rubber gloves to the medical man, however, is so slight as to be said upon the subject from the point of view of these branches of the profession.

2 W. S. Halsted: Johns Hopkins Hospital Reports, vol. ii., No. 5, 1901.
4 Manteuffel: Centraalblatt für Chirurgie, 1897, vol. xxiv., p. 553.
6 Robb: Cleveland Medical Gazette, 1900-01, vol. xiv., p. 553.
infectious material from the outside into a punctured wound and then to seal up the outlet, and more especially so when this wound leads into the pleural or peritoneal cavity, as in the case of a paracentesis, into the meningits, or lumbar puncture. or, directly into the circulatory system in intravenous injections. Any procedure which will tend to lessen the danger in these operations is surely an advance in the facility of definite diagnosis, and perhaps consequent treatment, and anything which lessens the liability to sepsis is such a procedure. The advantage of rubber gloves in operations, their ease of sterilisation, their impermeability to bacteria, and material, or directly with touch and action, has been so thoroughly proved by the surgeons of the army that they must be accepted as facts requiring no further defence.

And so, inasmuch as each year the rubber glove comes to be considered less and less as a merely desirable adjunct to surgery and more and more as a necessary one, just as rapidly its value should be appreciated in the medical ward when the physician has to expose his patient to the dangers of sepsis. During the past two years, while in charge of an active medical service in a general hospital, I have made use of rubber gloves in performing infusions, venesections, intravenous injections, paracenteses, and lumbar punctures, and if I have no proof of having saved life by their use I have at least the satisfaction of facing that treatment I have done everything in my power to eliminate danger.

Passing on from the safety of the patient we come to the protection of the physician and nurse in handling certain clamorous and festering cases, which perhaps have no practical aspect. Cases of 'obstetrical chance,' though happily not common, are of sufficiently frequent occurrence and grave consequence to deserve consideration, especially as the disease may be contracted when no suspicion of danger existed. The use of rubber gloves and the rectal examinations is obviously a great safeguard against syphilitic infection and their value depends entirely upon their practicability. By many it is contended that the gloves material is insufficiently pliant, with the touch of their use is a hindrance to the physician and a danger to the patient and for this reason should not be worn. My experience, however, leads me to disagree. I am of the opinion that a glove sufficiently thin, pliant, and well-fitted, with the fingers short enough to prevent wrinkling at the tips, the interference with the tactile sense is so slight that it may be largely disregarded. At first a finger trained to direct palpation may feel strange when encased in a glove but in a short time the brain learns to allow for the slight additional resistance and then as much as can be made out with a glove as without one. In fact, I once heard an eminent surgeon say that he could not think of any reason why the glove was not used in such cases. After medical students had been taught to work without them that they would feel unnatural. Though it would probably take the average physician some time to reach this Utopian stage he can approximate it in a remarkably short time and if confused in amount of washing will remove, which make the physician, sometimes for hours after an examination, revolting to himself, burdensome to society, and obnoxious to his patients. The nurse too, may be protected against infection by the use of the heavier glove to be worn while handling specific cases, when giving injections, douche, enema, &c.

It may seem at first sight that the use of thin, fragile gloves for the above purposes would be a great additional trouble in lumbar puncture, or directly into the circulatory system in intravenous injections. but this is not the case. With my experience, however, on the part of the physician one pair of gloves of good quality will last for many weeks or even months, thus reducing the expense to a minimum. The technique of care is the same being encased in a glove, but in a short time the brain learns to allow for the slight additional resistance and then as much as can be made out with a glove as without one.

It is possible, but seems unlikely, that air contamination is the cause. It is not pleasant to think of the hand of the nurse as the means of transmission but this possibility must not be forgotten. If this be the cause, surely the precautions taken with cases of typhoid fever and scarlet fever have been as well carried out and fully as much as the patients have been uninfected as to be of value in combating this disease as well.

In the present paper I am not dealing with the possible value of this use of the rubber glove, though I do not speak from personal experience. This is in that unhappy epidemic which occasionally breaks out in a children's ward of velo-vaginitis, due to an organism resembling the gonococcus, and which spreads rapidly to every female child in the ward and may even require the temporary exclusion of girl patients. As this affection attacks infants as well as older girls bedpan care is of prime importance, but as exclusion is impossible, but second, likely, that air contamination is the cause. It is not pleasant to think of the air as the means of transmission but this possibility must not be forgotten. If this be the cause, surely the precautions taken with cases of typhoid fever and scarlet fever have been as well carried out and fully as much as the patients have been uninfected as to be of value in combating this disease as well.

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