

Medical Matters.

THE USE OF RUBBER GLOVES IN MEDICAL WARDS.



A very interesting article on the use of rubber gloves in medical wards, appeared in a recent issue of the *Lancet*, by Dr. Thomas Wood Clarke, late medical house officer at the Johns Hopkins Hospital, Baltimore, and resident physician, Lakeside Hospital, Cleveland, U.S.A. From it we learn that so long ago as the first half of the last century, Sir Thomas Watson wrote: "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 might well be sacrificed to the safety of the mother in every labour." So far as is known, that is probably the first mention of gloves in medicine. It was not, however, until nearly fifty years later (in 1889) that Dr. Halstead first made use of rubber gloves in his surgical technique. Now they are used extensively in surgery, obstetrics, and pathology, but their use in medical wards is still rare, and Dr. Wood Clarke, therefore, discusses their value from the physician's standpoint, and incidentally from the nurse's also.

The subject is discussed under three headings; the protection of the patient from the physician, the protection of the physician from the patient, and the protection of the patient from his fellow.

THE PROTECTION OF THE PATIENT FROM THE PHYSICIAN.

"The so-called 'medical operations' are often undertaken," says the writer of the article, "with great trepidation, owing to the fear of sepsis, a fear well grounded, especially if the operator is a man who has done little or no surgery for several years.

"It is, indeed, a serious matter to introduce 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 meninges in 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 of doubtful cases

and of 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 their immaterial interference with touch and action, have been so thoroughly proved by the surgeons 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 so rapidly its value should be appreciated in the medical ward when the physician has to expose his patient to the dangers of sepsis."

THE PROTECTION OF THE PHYSICIAN AND NURSE.

Next, "passing on from the safety of the patient we come to the protection of the physician and nurse in handling certain classes of cases, a subject which has an aesthetic as well as a practical aspect. Cases of 'obstetrical chancre,' 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 exists. The use of rubber gloves, worn during all vaginal and 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 so materially interfere with the sense of touch that 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 differ from this opinion. By the use of 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 disconsidered. . . . The nurse, too, may be protected against infection by the use of a heavier glove to be worn while handling specific cases, when giving inunctions, douches, enemata, &c."

THE TECHNIQUE OF CARING FOR THE GLOVES

"The technique of caring for the gloves consists of washing them immediately after use, boiling for a few minutes, drying thoroughly, care being taken to prevent burning, and powdering inside and out with talcum powder. This takes but a very few minutes of a nurse's time, and so prepared the gloves keep in good condition for a long time and are ready for use at a moment's notice for examinations, or they may be boiled with the instruments when surgical cleanliness is required."

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