

operation, because a small number may be readily handled by the leucocytes of the patient, and it requires a rather full degree of infection to overcome the factors of natural resistance of the patient.

The preparation of the skin of the surgeon's hands by the method of using potassium permanganate and oxalic acid seemed at one time to be the most thorough one for securing asepsis of the skin, but this method, when employed at frequent intervals, would leave the surgeon's hands so rough that the superficial cracks of the skin would be prone to harbour bacteria in their recesses, and, further, the surgeon's nice sense of touch would be injured by the hardening of the superficial epithelium.

The same criticism applies to the method of preparation of the hands with a strong bichloride of mercury solution after carefully washing with green soap, and I have seen the skin of assistants so discolored and cracked that there was danger of permanent injury being done.

When rubber gloves came into vogue a short time ago, it was thought that the surgeon's hands would be saved, and that the patient would be given a further guarantee of asepsis on the part of the surgeon; but there is one very important objection to the use of rubber gloves—they certainly interfere with that sense of touch which is so important if one wishes to do very rapid work and in a delicate way, without much handling of the tissues of the patient, and with the idea of conserving his strength by finishing the operation in the shortest possible time.

This feature is so important that I have not been willing to use rubber gloves excepting in exceptional cases, as, for instance, in a patient with diabetes, whose natural cell resistance would be diminished and whose blood was a particularly good culture medium for bacteria. Sometimes, in operating upon a septic patient, it has seemed wise to put on the rubber gloves before proceeding to work upon another patient who is without infection.

The rubber gloves are of advantage if the surgeon is not in good health at the time when he is operating; the principles involved in this point are not, perhaps, as fully appreciated as they should be. Every operator carries in the superficial epithelium of his hands a number of bacteria which are not destroyed by any ordinary preparation in advance of operation. These bacteria in a surgeon who is strong and well are latent and are kept in check by the cell